

“THE HOMESTYLES HOME VISITOR TRAINING PROGRAM: CHARACTERISTICS AND
PARTICIPANT RECRUITMENT SUCCESS OF HOMESTYLES HOME VISITORS”

BY

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ABSTRACT OF THE THESIS

THE HOMESTYLES HOME VISITOR TRAINING PROGRAM: CHARACTERISTICS AND PARTICIPANT RECRUITMENT SUCCESS OF HOMESTYLES HOME VISITORS

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Programs using a Home Visitation model hold great promise for childhood obesity prevention, however, little is known about Home Visitation staff in relation to their psychographic characteristics and attitudes towards select parenting practices. Therefore, 55 Home Visitors (HV) were trained to recruit and retain families to participate in HomeStyles, a childhood obesity prevention program, disseminated by HV. The HV completed an online survey to assess psychographic characteristics and attitudes towards select parenting practices. The HV were 100% non-nutrition professionals (paraprofessionals), 95% female, 41% white/36% Latina/20% Black/3% other, aged 33.98 ± 6.47 SD years, and 93% had completed at least some college. Psychographic scale scores indicated that the HV were friendly/ extroverted, flexible/ adaptable, able to learn, conscientious, motivated and interested in helping people. HV who successfully recruited families (n=15) had significantly higher education levels, were younger (31.00 ± 8.26 SD vs

39.90±8.23SD years), and had significantly higher psychographic scale scores for cultural awareness, need for cognition/enjoyment of thinking, disinhibited eating, and dietary restraint than those who had not recruited families (n=40). Attitudes toward parent feeding practices also differed significantly, with those who successfully recruited families were more likely to feel parents should avoid using rewards of food or non-food to get children to eat specific foods. Attitudes toward screen time practices also differed significantly. Those who successfully recruited families were more likely to feel parents should limit children's TV viewing to programs made for kids and limit children's exposure to TV advertisements. Identification of characteristics and learning needs associated with recruitment success of families into obesity prevention programs may aid in the development of effective training programs that strengthen attitudes towards weight-related parenting practices. Identification of characteristics may also be beneficial in the recruitment and hiring process of HV and other paraprofessional staff.

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CHAPTER 1

INTRODUCTION

Currently in the United States, about 17 percent of children age 2 to 19 years are obese.¹ Obese children are at risk of developing Type 2 diabetes and metabolic syndrome.² Obesity in children also is associated with the development of many diseases later in life, including hypertension, heart disease, and stroke.³ Additionally, overweight children are likely to become overweight adults.² This is especially true at high BMI for age and gender.^{2,3} Adults who were overweight as adolescents have higher rates of mortality and morbidity in adulthood even if they have lost weight since their adolescent years.⁴ The fact that many food preferences and habits develop during the preschool years makes this age group an important group to target with nutrition interventions.⁵ Preschool children are reliant on their parents to provide them with healthy food choices and to promote physical activity. For this reason it is beneficial to teach parents about healthy nutrition and physical activity practices for preschool aged children.

HomeStyles is a childhood obesity-prevention program from Rutgers University, University of Arizona, and Prevent Child Abuse New Jersey (PCANJ). The program targets families with children between the ages of 2 and 5 years and is designed to help families make simple, easy, and no-cost changes to their homes and lifestyles to improve the health, safety, and well-being of the family. Topics focused on in the HomeStyles program include the importance of frequent family meals that are calm and relaxed without the distraction of the TV; eating healthy meals and snacks that include plenty of fruits and vegetables and few sugar sweetened

beverages; appropriate portion sizes; positive parent feeding practices (e.g., not bribing or forcing children to eat, and not using food as a reward); limiting screen time; increasing physical activity; getting enough sleep, and parent modeling of healthy behaviors.

Families eligible to participate in HomeStyles include participants in New Jersey's Healthy Families America and Parents as Teachers home visitation programs administered by PCANJ. Healthy Families America is a program designed to help families with prenatal or newborn children. The goals of the program are to foster healthy family relationships to promote healthy childhood development and to provide resources and support to parents.⁶ Parents as Teachers was developed to improve school readiness by empowering parents to help their children to improve reading and writing skills and to identify developmental delays before the school years. The goals of the program are to encourage healthy family relationships, and to promote family health and wellness.⁷ These programs do not have a nutrition, physical activity, sleep, or obesity prevention component, yet many of the participating families are at increased risk for obesity and associated poor health outcomes.

Aside from participating in the PCANJ administered programs, participating families must have a child in the 2 to 5-year-old age range, have stable housing, and must not have run out of food in the past year. These requirements help ensure that the families are sufficiently stable to cope with the burden of participating in the HomeStyles project. Home Visitors who completed the training program for the HomeStyles project assess each family in their caseloads and identify eligible

families. To recruit participants, Home Visitors tell parents about HomeStyle's goals, benefits, and expectations; and invite them to participate in this voluntary program. The decision to participate is made by the families. Home Visitors have a goal of recruiting at least three families each.

The topics from the HomeStyles program, as listed above, are covered in a series of 12 guides. All of the families who participate in the program begin with the first guide, which is designed to help them determine which changes they want to make to improve the healthfulness of their home and lifestyle. The families are encouraged to select the guides that they feel will benefit them. During a regularly scheduled home visit, once a month, the Home Visitor spends about 15 minutes introducing the guide of the family's choice. The Home Visitor explains the reasons why it is important to adopt the behaviors described in the guide, points out the sections that explain how other families have successfully adopted the behaviors, and the goals other families have set. The Home Visitor encourages the family to review the guide and set obtainable goals for the month related to the topic covered by the guide. The Home Visitor then answers questions that the families have.

The HomeStyles program relies on Home Visitors to recruit and disseminate program materials to the families. Home Visitors are similar to the paraprofessionals working in the Expanded Food and Nutrition Education Program (EFNEP). Other programs refer to educators in similar positions as peer educators, peer counselors, or community health workers.⁸ The Home Visitors are not required to have any formal education in nutrition or health. It is preferred that Home Visitors have a bachelor's degree. It is important that Home Visitors are able to

develop a rapport with the families and are able to understand the challenges that the families are facing. Like EFNEP paraprofessionals, Home Visitors receive job specific training to help them successfully fulfill their job requirements.

Home Visitors complete a training program before they can recruit families into the HomeStyles program. First the Home Visitors complete a series of 13 online training videos and quizzes, and then they attend a four-day in person training. During these training sessions the Home Visitors learn the nutrition and health information addressed in the 12 guides. This prepared them to help the families they recruit use the guides efficiently and effectively while allowing them to accurately answer questions their families may have. Home Visitors also are taught motivational interviewing techniques and learn to help their families set obtainable goals by breaking a large goal into smaller steps that their families will be able to achieve.

Home Visitors are a key contributor to the success to the HomeStyles program because they are responsible for recruiting families into the program, getting and keeping the families excited about the program, helping them achieve their goals, and stay motivated to continue with the program. Research shows that lengthened participation in Home Visiting programs is associated with an improved chance of the family adapting and changing their behavior in a positive manner as promoted by the home visiting program.⁹

Little is known about the characteristics of Home Visitors that are associated with successful recruitment and retention of study participants. To improve the success of the HomeStyles program, it is important to identify the characteristics

that increase the Home Visitors' success rate at recruiting families into the HomeStyles program and maintaining their participation in the program. Additionally, training for Home Visitors in the HomeStyles program can be adapted to help instill and promote some of the coveted characteristics in the Home Visitors. Thus, the purpose of the study was to examine the relationships among Home Visitors' psychographic and demographic characteristics and their successful recruitment of families into the HomeStyles program.

CHAPTER 2

REVIEW OF LITERATURE

The review of literature was critical in this investigation in order to determine which characteristics of Home Visitors would be important to study. The literature review focuses on Home Visitors including home visitation programs, the HomeStyles protocol for Home Visitors, previous studies focusing on Home Visitors in other programs, and Home Visitor training from their primary employment organization and for HomeStyles. The literature review also focused on psychographic characteristics with a goal of identifying characteristics that would be pertinent to the employment responsibilities of Home Visitors. The literature review led to the identification of scales that could be used to accurately measure characteristics of Home Visitors.

HOME VISITATION PROGRAMS

Prevent Child Abuse New Jersey (PCANJ) is a chapter of Prevent Child Abuse America established in 1979. PCANJ aims to prevent child abuse and neglect in New Jersey and promote optimal parent: child interactions through a variety of programs offered in all 21 counties in the state. PCANJ works towards preventing child abuse through home visits to high-risk families, supporting local organizations that also work to prevent child abuse, and by providing education to Home Visitors to increase awareness of child abuse while building professional skills.

The home visiting component of PCANJ is made up of two programs, Healthy Families- TANF Initiative for Parents- New Jersey (HF-TIP NJ) and Parents as Teachers New Jersey (PAT-NJ). Both of these programs aim to promote healthy

family relationships.¹⁰ The goal of HF-TIP NJ is to provide parents with resources and support, promote healthy parent-child relationships, healthy child development, and strong family functioning.¹⁰ The goal of PAT-NJ is to promote healthy parent-child relationships, family health and well-being, and strong family functioning.¹⁰ Although the goals of the two programs are similar, their main areas of focuses differ slightly. HF-TIP NJ focuses on assisting new and expecting mothers to get their children off to a healthy start. PAT-NJ focuses on encouraging parents to be involved with their children to foster early learning skills including reading and writing. PAT-NJ screens for developmental delays before children enter school so that children may benefit from early intervention.

Home Visitation Program Delivery

Home Visitors meet with the families on a regular basis to disseminate program materials, answer questions, and provide support for families. Home Visitors can start working with families, usually the mother, from the time the mother is pregnant and can continue working with the mother until the child is 3-years-old for HF-TIP NJ and 5-years-old for PAT-NJ. Home Visitors help the families learn to care for their children, promote better parent-child relationships, help the family gain access to health care services and other community services, and offer emotional support.¹¹

Due to the different focuses of the two programs, the activities that occur during a home visit differ. During a HF-TIP NJ home visit the Home Visitor conducts activities designed to provide the parent with information about parenting practices, health, or safety while also encouraging bonding between the parent and

child. During a HF-TIP NJ home visit the Home Visitor also helps the parent set goals for their family. The goals that the family sets and the activities the Home Visitor provides are selected specifically for the family based on their individual needs and wants.⁶ During PAT- NJ home visits the Home Visitor provides information for the parents based on their individual needs or concerns, as in HF-TIP NJ the sessions are tailored to each family. During a PAT- NJ home visit. The Home Visitor and the parent will track the child's development. As in the HF-TIP NJ sessions, the Home Visitor will help the parent establish goals that they would like to work towards with their families.⁷

The benefits of home visits are particularly significant when the program targets individuals with young children or from low socioeconomic status. Home visitation programs do not require the participant to arrange transportation to the program and they avoid the need for childcare.¹² Aside from convenience for the participant, home visits also allow for a more personalized experience.

When the Home Visitor enters the family's home there is an opportunity for involvement of the entire family in the program. The Home Visitor also is better able to tailor the lesson to the individual family.¹² Visiting the homes of participating families helps the Home Visitor adapt their instruction and discussion to the family and their surroundings. While being in the families' homes can be beneficial, it also places the Home Visitors in a unique situation. Interacting with the family in their home allows the Home Visitor to observe the family interacting in an environment in which, the child is comfortable. Being in the home also allows the Home Visitor to provide tips and suggestions that are practical for the family. For example, when

suggesting ways to increase physical activity the Home Visitor can make recommendations for activities that use toys the family already has in their home.

Home Visitor Training

Historically, the first Home Visitors were trained in place of nurses who would visit expectant mothers during their pregnancies and would continue to visit until the children were 2-years-old. The nurses would share tips on caring for the children and would answer questions the mothers had.¹³ Home Visitors were trained to fulfill the information giving role of the nurses because they could be trained to provide accurate, basic information to families at a cost lower than that of trained nurses.¹³ In some cases, mothers felt that they were able to relate more easily to the Home Visitor, which allowed them to develop a stronger, more trusting relationship.¹³ However, there were some challenges associated with using Home Visitors. In some cases, the Home Visitors suffered from a lack of credibility among other health professionals due to their absence of a formal education. Another problem that can arise is high staff turnover rates.

To qualify as a Home Visitor, an individual must have a minimum of a high school diploma or GED. Around half of Home Visitors from PCANJ have a bachelor's degree, while others have a high school degree, a GED, some college education, an associate's degree or even a master's degree.¹¹ The major requirement of employment is for Home Visitors to have had successful experience working with children and families. Home Visitors receive training at the start of their employment and the training continues in the form of inservice trainings throughout their employment to maintain current knowledge of family issues.

Before the Home Visitors are able to visit families in the field they must complete a four-day CORE training. Topics covered during the four day CORE training include, the goals and rationale behind the program, the importance of healthy family relationships, child development, and tips and strategies for assisting families. During the training session the Home Visitors also get a chance to practice the skills they learn during simulations.

Six months after the initial training session the Home Visitors are required to attend a one-day refresher training. By the end of their first year as a Home Visitor most individuals will have received over 100 hours of training on a variety of topics including parent child interactions, child development, child health and safety, and cultural diversity. Additionally, the Home Visitors have many opportunities for continued training throughout their employment, such as parent- child interactions, family issues, and reducing parent stress. Other training options focus on how to use the screening tools used by the Home Visitors. The continued training sessions also allow the Home Visitors to interact with one another to share tips and learn from each other's experiences.

Training Home Visitors is time consuming and expensive. Although their salaries may be lower than that of a professional in the field, if training for new employees must occur too often the financial benefits of using Home Visitors may be negated.¹³ By understanding the characteristics that make Home Visitors successful, future hiring practices can be adapted to identify individuals who have these characteristics and thereby reduce high turnover rates common such positions.

HOMESTYLES

The HomeStyles Program is a childhood obesity-prevention program that was designed to be incorporated into the home visits already being carried out by PCANJ Home Visitors. During a traditional home visit the Home Visitor spends about an hour with the family fulfilling the requirements of either HF-TIP NJ or PAT-NJ. If the family chooses to participate in the HomeStyles program, once a month, the Home Visitor spends about 15 minutes during the home visit to focus on a topic from the HomeStyles program with the family. Although the main goals of the HF-TIP NJ and PAT-NJ differ from HomeStyles, these programs complement each other nicely and all three programs have the shared purpose of assisting families to improve one or more aspects of their lives.

The role of a Home Visitor in the HomeStyles project is similar to that of an EFNEP or SNAP-Ed educator. Similar to the Home Visitors, EFNEP and SNAP-Ed educators work with limited resource families to teach them about food safety, physical activity, and nutrition. Educators also are responsible for marketing the SNAP-Ed and EFNEP education programs and for recruiting families to participate in the education component of the programs.¹⁴ EFNEP and SNAP-Ed educators are paraprofessionals, also called peer educators. These individuals typically have no formal training or education specific to their program. Like the HomeStyles Home Visitors, the EFNEP and SNAP-Ed educators receive on-the-job training specific to their program.

HomeStyles Training for Home Visitors

To join the HomeStyles project, Home Visitors were required to complete a training specific to the HomeStyles project topic areas and implementation of the study. The first component of this training included a 13-unit online training session to provide foundational knowledge of nutrition, physical activity, and sleep during the preschool years as it relates to obesity prevention. The topics addressed were: getting started, growth of preschoolers, best drinks for families, breakfast the right start, cooking with kids, fabulous fruits and veggies, family meals make a difference, fuss free feeding, good night sleep right, time to play, healthy weight makes a difference, right size it and taming technology.

The second component of the training was attending a four day (18 hour) in-person training session led by the HomeStyles team. The topics covered in each session are as follows.

Day 1

Morning session: Overview of the HomeStyles program

Afternoon session: Review of HomeStyles Guides Part A

Day 2

Morning session: Review of HomeStyles Guides Part B

Afternoon session: How to get the most out of HomeStyles (goal setting, managing stress, confidence building) and how to measure height and weight.

Day 3

Morning session: Motivational interviewing skill building Part A

Afternoon Session: Motivational interviewing skill building Part B

Day 4:

Morning session: Recruiting HomeStyles families and research protocol/
participant agreement letter

Afternoon session: Overview of HomeStyles timeline and HomeStyles
Jeopardy.

The training sessions include information about the logistics of the program including criteria a family must meet to be recruited, how to recruit, how to go through the guides and timelines for each phase of the program. Additionally the Home Visitors learn how to help parents set realistic goals, and they complete a session on motivational interviewing. In-person training expands on foundation knowledge of HomeStyles topics, emphasizes how families can benefit from making positive changes, and how the Home Visitors can facilitate these changes. Review of HomeStyles topics ensures that Home Visitors share accurate, appropriate information with the families and have the confidence to answer any questions that their HomeStyles families may have.

The HomeStyles program is based on research and theory. These theories include Social Cognitive Theory¹⁵, Motivational Interviewing¹⁶, Faith's Core Behavior Change Strategies¹⁷, and Adult Learning Theory. During training the trainers stressed this concept so that Home Visitors realized the rationale behind the development of each aspect of HomeStyles. The Home Visitors learned all the benefits their families will receive by participating in the program. The goal of these strategies is to assure the Home Visitors that HomeStyles is designed well and has a good chance of helping their families become happier, healthier, and safer.

PowerPoint presentations were used to guide the training sessions, which were conducted by trained researchers. In addition to lecture, Home Visitors actively participated in discussion, role plays, games, and active practice of skills introduced in the lecture presentations.

Home Styles Training Day 1- Morning Session: Overview of the HomeStyles program

This section describes the components of the morning of the first day of training.

Overview of the HomeStyles program. Training began with an overview of the HomeStyles program. The overview included a discussion of the two different groups included in the HomeStyles randomized controlled trial (RCT): the health group (treatment group) and the home safety group (control group), and why programs were needed to address each of the topics. Information about how HomeStyles works and that it is currently in the research phase was also included.

Some of the topics covered in the health group include having calm and relaxed family meals, eating breakfast, limiting sugar sweetened beverages, consuming more fruits and vegetables, serving appropriate portion sizes, fostering a healthy relationship with food for kids, limiting screen time, getting enough sleep, and being physically active. Topics covered in the safety group include maintaining clean safe homes, ensuring there are working carbon monoxide detectors throughout the home, safe use and storage of hazardous cleaning and gardening products, testing homes for radon, maintaining air quality in the home, increasing awareness of lead sources in the home (e.g., lead pipes and paint) to minimize

exposure, checking for and removing mold, keeping refrigerators at safe temperatures, and handling food safely to prevent foodborne illness. Table 1 lists the topics addressed in each of the groups.

The goal of the HomeStyles RCT is to determine if the participants in the health component of HomeStyles adopt behavior changes to improve their health and reduce risk of childhood obesity compared to those in the safety component. The researchers will look for the same behavior changes in the safety control and health experimental group. If the behavior changes are only seen in the health group than it can be assumed that HomeStyles is causing the change.

Participant Recruitment. The characteristics and requirements of families who are eligible to participate in the HomeStyles RCT was discussed. This part of the training gave the Home Visitors the opportunity to begin thinking about the families they are currently working with to determine who is eligible and may benefit from HomeStyles. By having these families in mind throughout the training, Home Visitors were better able to visualize the program in action. This was observed

Table 1. HomeStyles Guides Used by the Health and Safety Groups

Health Guides	Home Safety Guides
<ol style="list-style-type: none"> 1. Healthy HomeStyles 2. Family Mealtimes 3. Enjoyable Mealtimes 4. Right Sizing Portions 5. Fuss Free Feeding 6. Taming TV 7. Breakfast the Right Start 8. Fabulous Fruits and Veggies 9. Best Drinks for Families 10. Play More Sit Less 11. Time to Play 12. Good Night, Sleep Right 	<ol style="list-style-type: none"> 1. Safe HomeStyles 2. Asthma and Allergies 3. Carbon Monoxide 4. Hazardous Household Products 5. Home Safety 6. Indoor Air Quality 7. Lead 8. Mold and Moisture 9. Pesticides 10. Refrigerator Thermometers 11. Food Borne Illness 12. Wash Those Hands

through the questions the Home Visitors were asking, which were specific to individual families they were working with.

To be eligible to participate, families must have all of the eligibility characteristics and none of the ineligibility characteristics.

Eligibility Characteristics:

- 1.) Live In New Jersey
- 2.) Have at least one child between the ages of 24 and 48 months (this is the *HomeStyles Target Child*)
- 3.) At least one of the *HomeStyles Target Child's* parents is willing to participate in the project (not guardian, not foster parent, not other adult, not grandparent, not other relative)
- 4.) The *HomeStyles Target Child* must be in the primary care of the *HomeStyles Target Parent*
- 5.) The *HomeStyles Target Child* must reside in the *HomeStyles Target Parent's* household most days of the week
- 6.) The *HomeStyles Target Parent* must be at least 20 years old and not older than 45 years old
- 7.) The *HomeStyles Target Parent* must be able to read English or Spanish at the 5-grade level or above
- 8.) The *HomeStyles Target Parent* must be the primary food purchaser and preparer in the family
- 9.) The *HomeStyles Target Parent* must sign the Participant Agreement Letter (or click "agree" at the online version of the letter)

- 10.) Participants must not have any of the ineligibility characteristics

Ineligibility Characteristics:

- 1.) *HomeStyles Target Parent* and *HomeStyles Target Child* must not have any unmanaged physical, mental, or cognitive conditions.
- 2.) Family is homeless, in instable housing (e.g., emergency/ transitional housing or places not intended for regular housing), or in very crowded housing (e.g., multiple families sharing housing intended for single families)
- 3.) Active substance abuse in household
- 4.) Active domestic violence in household
- 5.) Substantiated child abuse or neglect in household
- 6.) Families determined to be in need of special services
- 7.) Family is currently participating in another intervention study focusing on lifestyle choices or home safety that requires active participation (e.g., questionnaire completion)
- 8.) In the past year, the family frequently ran out of food or worried about running out of food and did not have money to buy more.

Development of the HomeStyles Program. The process of developing HomeStyles was explained. During this part of the training it became evident that the program was research-based. It became apparent that each aspect was well thought out with a purpose behind it and research to back it up. It took three years to develop HomeStyles, during this time the researchers completed expert reviews, parent interviews, and home visitation staff interviews. Trainers indicated that Home Visitors were consulted during the development of the program ensure that the

Home Visitors would be able to use the program effectively. Lifestyle choices that families with preschool children could make quickly, easily, and at a low or no cost to improve child health were identified. These lifestyle changes were identified through review of previous research, talking to families with preschool children, and talking to Home Visitors. This research resulted in the identification of 12 key lifestyle choices that can be changed to positively impact child health. These 12 key lifestyle changes were the inspiration for the guide topics (see Table 1, health column).

Once the topics for the 12 guides were identified the content for the guides was developed. The written content was cognitively tested with parents to gauge their comprehension of the content and reactions to the content including what they felt was useful and what was needed to improve it. Improvements were made and then a graphic designer used the content to create visually engaging mini-magazines. The guides were again cognitively tested with parents and refined using their suggestions.

Introduction to the 12 HomeStyles Guides. The research behind the guide topics and the layout of the guides was discussed. The Home Visitors were informed that the guides were designed to promote behavior change and were designed with adult learning strategies in mind. Adult learning differs from child type learning because adults draw on past life experience when learning. This idea is used throughout the HomeStyles guides when parents are asked to determine how they can use the guide to make healthy changes for their families. The guides also draw upon past experiences in the “Take a Minute” sections where parents are asked to reflect on

past experiences. The guides also used behavior change strategies. Some aspects of behavior change are knowing the benefits a change can have and valuing these benefits, having self-confidence in the ability to make a change, hearing how others have successfully made a change, and setting goals and tracking them. Each of these concepts of behavior change was addressed in the guides.

The “Here’s What the Experts Say” section contains information about the benefits of making a behavior change. The “Goal Setting” section of the guides encourages families to choose easy goals first to help improve their confidence in their ability to make a positive change. The “Goal Setting” section also has a set of questions that help parents assess how confident they are that they can make the change they selected; additional questions allow the parents to re-think the goal to make it something more achievable. In each guide there is a section containing quotes from other families who were able to successfully make healthy changes. To assist with goal setting, each guide also contains a tracker sheet for the parents to record their family’s goals and track their progress toward the goal by placing a check on the tracker every time they execute their behavior change until they have filled the tracker and can reward their families. There are also example rewards on the tracker sheets.

The PowerPoint slides displayed quotes from parents who had read the guides and had enjoyed them. Seeing the positive feedback that the parents gave about the guides helped the Home Visitors see the guides as a benefit for their families.

Guide Components. The components of HomeStyles were introduced in a way that promoted them as benefits and resources for the families. The guides, trackers, enhancements, electronic gift cards, bonus bucks, nudges, and the website were all explained. As each component was introduced, the trainers shared how the item enhanced the HomeStyles program and how families would utilize them.

Each guide contains a tracker sheet. As described above the parents use this tracker to track their family's progress towards completing a goal. Once the goal is completed the family is encouraged to reward themselves. There are examples of low cost, simple rewards on each tracker. The families are asked to place the tracker in a place where they will see it often, this acts as a reminder to work towards the goal. Home Visitors are reminded to encourage their families not to use food as a reward since it can lead to an unhealthy relationship with food.

Enhancements are small gifts included with some of the guides. The enhancements are meant to aid in the behavior changes targeted by the guide they are associated with. For example, if the family is using the family meal time guide, they may receive the mealtime conversation deck or a family working on the limiting screen time guide may receive a timer. The enhancements are branded with the HomeStyles logo to help remind the family to make changes.

After each Survey Café (a short survey at the end of each phase of the program) that a family completes they receive an electronic gift card. The amount on the gift card increases as the family progresses through the program as a way to encourage retention. The families are able to select what store would like their gift card to be for from a list. Bonus bucks are another way to keep families involved. A

few bonus bucks come with each guide. These bucks are dated so that they can be sent back to the HomeStyles offices during a 10 day period. Every 10 days the families can answer a short question on one of the postage- paid bonus buck post cards and send it back to HomeStyles. Each bonus buck expires after 10 days, which prevents a family from completing them all at once. These bonus bucks are meant to keep the family thinking about HomeStyles and continuing to work on their behavior changes.

Nudges also act as a reminder to families to work on their behavior changes. Nudges are short reminders that can come in the form of text, e-mail or voice messages. Families can choose to receive nudges in any combination of these forms of communication.

Finally, the website is available to all HomeStyles families. The Home Visitors were reminded that their families did not need to have Internet access to participate in the program, but if they do have access they can find additional resources on the website. The website contains electronic copies of all of the printed materials the families will receive including the guides, trackers, bonus bucks, and Survey Cafés. If families choose they may complete the bonus bucks and Survey Cafés online. The website also contains additional resources including more goal ideas, more reward ideas, and ideas for games and activities.

Research Component. At the end of the morning session the trainers described the research component of HomeStyles. The Survey Café forms were discussed including the fact that all information would be kept confidential. The need to assess height and weight and the use of pedometers was introduced.

Finally the Home Visitors were given a timeline of the program that each of their families would follow if they chose to participate in HomeStyles. The timeline explained the distribution of the 12 guides, when each Survey Café is completed, and the breakdown of the five levels of HomeStyles. In the first level of the program, the families sign the Agreement to Participate Letter and complete Survey Café 1. They then move on to level 2 which includes reviewing the Healthy HomeStyles guide, which helps them select the other guides the family would like use. They then review three more guides of their choice. Each guide takes about a month to complete. At the end of level 2 the family will complete Survey Café 2. In level 3, families will review 4 guides and at the end complete Survey Café 3. Levels 4 and 5 are different; families review only one guide over a 2 to 3 month period. This guide can be a guide that the family has already reviewed or a new guide. At the end of both of these levels the family completes a Survey Café. Once the family completes Survey Café 5, the family has completed HomeStyles. Additionally, the Home Visitors were informed that their families could expect to participate in the study for 12 to 18 months depending on how long they chose to use each guide and how long it took them to complete Survey Cafés.

HomeStyles Training Day 1- afternoon session:

Review of HomeStyles Guides Part A

In the afternoon training session the Home Visitors took a closer look at the guides. The trainers reviewed the flow of the guide. Each section of the guide was introduced. As each section was discussed the trainer described the type of information included in each section, and why the section was included in the guide.

After the introduction to the layout of guides, the Breakfast the Right Start, Best Drinks for Families, Right Sizing Portions, Family Meal Times, Enjoyable Mealtimes, and Fuss Free Feeding guides were introduced to the Home Visitors. The introduction to the guides included an overview of the information included in the guide. This allowed the Home Visitors to understand the importance of behavior change related to each specific guide, as well as to provide them with the key information they need to know to work through the guide with families and answer questions.

After the first guide was introduced, the HomeStyles trainers preformed a role play. The role play served as an example of how the Home Visitors would introduce a new guide to their families. With each of the following guides the Home Visitors were provided with a script with a suggested dialog between parents and Home Visitors. The script included a section for Home Visitors to fill in on their own after looking over the guide. Once the Home Visitors had a chance to review the guide and the script, two participants volunteered to perform a role play demonstrating the introduction of the new guide and any relevant enhancements to a family.

After the Home Visitors were introduced to the Best Drinks for Families guide and completed their role play, the “tower of sugar” game was introduced. The trainers provided the Home Visitors with images of a variety of sugar sweetened beverages and the serving size of the beverage. The Home Visitors each selected a different sugar sweetened beverage and then were asked to use sugar cubes (1 cube = 1tsp or ½ g) to make a “tower” representing the amount of sugar they believed

was found in the drink they selected. Once everyone had constructed their “tower”, the trainer went around the table asking how many sugar cubes the Home Visitors guessed were in their drink and then revealed the correct answer. The Home Visitor who guessed closest to the actual amount of sugar received a HomeStyles related prize.

After the Home Visitors were introduced to the Right Sizing Portions guide, another game was introduced. In this game was adapted from the original National Heart, Lung and Blood Institute (NHLBI) presentation. An image of the serving of a food from 20 years ago was placed next to an image of the typical serving of the food today. The caloric information was provided for the image from 20 years ago and the Home Visitors were asked to guess how many more Calories were in the modern serving. The answer was revealed including the difference in the number of calories between the two servings. Then the Home Visitors were asked how long they would have to perform different forms of physical activity including walking, vacuuming, and raking leaves in order to burn off the difference in calories. Once the Home Visitors had guessed the answer was revealed.

Before concluding the training session the trainers provided the Home Visitors with a wrap up worksheet (a “treasure hunt”), which would introduce them to the HomeStyles website and asked them to complete the two worksheets before the second day of training. Before dismissing the Home Visitors the trainers gave a quick overview of what would be covered on the second day of training.

Home Styles Training Day 2- morning session:

Review of HomeStyles Guides Part B

Day 2 of training began with a review of the guides covered on Day 1. This included a quick review of the main message of the guide and one tip that the Home Visitors remembered. This was followed by a review of the Day 1 wrap up worksheet, and a review of the layout of the guides.

To reinforce the layout of the guides the Home Visitors were given a question or statement that a parent might give them about making a health topic related to the guides. The Home Visitors then told the trainers what section of the guide they would look in or direct the family to in order to provide the information the family was looking for. In the same manner as on day one, the guide was introduced, and then the Home Visitors performed a role play about it. The remaining guides included Taming TV, Play More Sit Less, Time to Play and Good night Sleep Right. Once all of the guides had been introduced the trainers performed a full fifteen-minute role play demonstrating how a Home Visitor might go through a guide with a family during the 15 minutes of their visit that they will devote to HomeStyles. The trainers performed their role play using the Fabulous Fruits and Vegetables guide.

Home Styles Training Day 2- afternoon session:

How to get the most out of HomeStyles (goal setting, managing stress) and how to measure height and weight.

The Healthy HomeStyles guide, which is the first guide that families receive, was the last guide discussed. This guide follows a different layout than the other guides because it is an overview of the HomeStyles program. The trainers explained the difference in layout and how the Healthy HomeStyles guide should be referred

to throughout the program because it has a list of all of the guides and can help families choose topics that are most practical, helpful, and achievable for their family. The trainers reviewed the timeline of the program explained the reasoning behind the different time allotments for the completion of guides at different levels of the program.

The next section of the training focused on how to get the most out of the HomeStyles program. The first topic covered was the website. While families are not required to use the website, there are many resources available via the website including the additional tips, game ideas, and reward ideas. During the discussion about the website the trainers reviewed the Home Visitors “treasure hunt” worksheet that they had completed after day one.

Next the trainers described goal setting and showed the Home Visitors the goal- setting page of the website. The Home Visitors were reminded to help the families set goals that are specific and achievable. They were encouraged to have their families start with an easy goal, possibly something the family is already doing that they can be sure to establish as a habit so that it is second nature before adding a more challenging goal. The Home Visitors were given an opportunity to create a goal for themselves and complete a worksheet that led them through the process of the steps that need to be completed to reach a goal.

The trainers then discussed stress and stress management and showed the Stress Busters page of the website. The trainers explained how making any sort of change can be very stressful and indicated that the Home Visitors should be ready to

help their families deal with stress. The trainers gave the Home Visitors some examples of ways to reduce stress that could be shared with families.

The final section of the website was the Confidence Builders page. The trainers discussed the importance of self confidence in the ability to successful change behaviors. The trainers also provided the Home Visitors with examples of how they can help their families and themselves build confidence. The Home Visitors were encouraged to use the tracker sheets as tools to remind the families of all of the goals they have already been able to accomplish.

The trainers then talked about what can motivate families to participate in HomeStyles. The trainers pointed out all of the tools and resources the families get including the guides, the Home Visitors and their knowledge, the enhancements, the gift cards, the bonus bucks, nudges, and access to the HomeStyles team.

There was a brief introduction of motivational interviewing, which is covered in depth on Day 3. Evidence supporting the usefulness of motivational interviewing and its relationship to adult learning was presented. Home Visitors were directed to information about motivational interviewing in their HomeStyles Handbook and were asked to read that section of the handbook before training on day three.

Home Visitors were given their HomeStyles bags, which contained tools for measuring height (measuring tape), weight (scale) and physical activity (pedometer). Each Home Visitor was asked to check their scale to be sure it turned on and was zeroed when set on a flat surface. They were given instructions about how to measure their participant's weight.

Next the Home Visitors watched a video about how to measure height using the tape measure provided in their kits. Following the video, the trainers briefly explained the process again. Then, the Home Visitors paired up and practiced measuring one another's height. During the practice time the trainers walked around to each group to give pointers and to be sure they were following the procedure that had been described in the video.

The Home Visitors were then introduced to the pedometers. They were asked to try them out in between training day two and training day three so that they would have some experience using them.

The session ended with a review of materials covered on training day two. The Home Visitors were reminded to look over the motivational interviewing section of their HomeStyles guide, wear their pedometers, and complete the day two wrap up sheet and the motivational interviewing sheet before the next day of training. The trainers also collected the day one wrap up and the treasure hunt worksheets to look over for creative answers that could be used to improve future trainings.

Home Styles Training Day 3- morning session:

Motivational interviewing skill building Part A

Day one of training began with a brief overview of how to “get more from HomeStyles”. The trainers introduced the Home Visitors to things they could encourage parents to do to get the most out of the program. The suggestions included, encouraging parents to make HomeStyles a family project, to find a quiet time to review the guides, to work on easy goals first, and to spend around 3 weeks

on each guide. The trainers also encouraged the Home Visitors to help keep their families motivated by reminding them how HomeStyles benefits their families, and by reminding them to use the trackers and to reward themselves for making changes.

The trainers then introduced Molly Kellogg, RD, MS, LCSW an expert in motivational interviewing. Mrs. Kellogg began her training session by talking about when and why people change. She explained that people change when they want to, when they know how to, and when they feel that they are able to. She explained that motivational interviewing can help the Home Visitors prepare their family to make changes.

To facilitate behavior change Mrs. Kellogg introduced the following concepts; engage, focus, evoke and plan, which make up a motivational interviewing session. Engage means engaging the client, having a conversation to better understand what their concerns are, and context. While engaging the client the Home Visitor should be listening to hear the client's concerns and to identify the client's personal reasons to consider a change. The Home Visitor is then able to focus the session, identifying one behavior change to discuss during the meeting. The Home Visitor will continue to talk to the client about the change they would like to make in order to evoke more information. At this point the Home Visitor's goal is to identify what is important to the client. This information will then be used to help the client realize that making the behavior change is important to them. Finally the Home Visitor will help the client come up with a plan of action for making the behavior change.

Mrs. Kellogg then introduced the Home Visitors to a few skills that are important in motivational interviewing. The first skill was the use of open- ended questions. The use of open- ended questions is important for evoking information from clients. Many of the Home Visitors had experience working with open- ended questions so Mrs. Kellogg encouraged them to share examples of open ended questions they use regularly with their families.

The next skill Home Visitors worked on was using affirmations. Affirming someone can be done by noticing their strengths and efforts they are already making then sharing it with the person. It can also be thought of as giving them a positive label. Mrs. Kellogg spoke of the difference between praise, which is more commonly used, and affirmation, which is more effective in promoting behavior change. An example of a praise is “good job” while an affirmation may be “You are a hard worker” or “You can be persistent when you set your mind to something”. The Home Visitors were given handouts that contained a script of a mother talking about a behavior change she would like to make and sharing barriers she has and talking about her daily routine. The Home Visitors had the opportunity to identify the mother’s strengths and form affirmations they would share with her.

Another skill Mrs. Kellogg talked about was reflection. Reflection is much like rephrasing. After a client has shared some information with a Home Visitor they will be able to reflect some of the information back to the parent. Mrs. Kellogg pointed out some of the best information to reflect. This included what seems important to the client, what is motivating the client and any change talk they hear. Mrs. Kellogg

also suggested reflecting barriers and concerns that a parent has, but doing so in a way that reframes and minimizes the concern.

Mrs. Kellogg spoke about identifying change talk. She explained to the Home Visitors that change talk refers to statements that clients make, which may indicate they are ready to make a change. Early change talk statements include desire statements, showing a preference for change (“I want to....”), ability statements (“I might be able to....”), reasons, specific arguments for change (I would probably feel better if...”), and need statements, indicating a feeling of obligation (“I really should...”). Later change talk statements include commitment statements (“I am going to...”), Activation statements about being ready or willing (“I am ready to...”), and statements indicating action taken (“This week I started...”). To help the Home Visitors learn to identify change talk Mrs. Kellogg read out scripts of a conversation a Home Visitor may have with a parent. The Home Visitors were given clickers and any time they heard change talk they were instructed to click their clickers.

Mrs. Kellogg then explained what the Home Visitors should do if they hear change talk. One possible response to change talk may be encouraging the parent to elaborate through the use of open- ended questions. The Home Visitor may also choose to affirm the parent. This would be particularly effective if the Home Visitor is able to use an affirmation about the parent’s ability to make a change. Another option is to reflect back some of the information the parent shared.

The final skill that Mrs. Kellogg introduced was summarizing. When summarizing the Home Visitor is collecting all of the information the client provided and restating it back to the client in a concise manner. A good summary should

include information about the situation, what is important to the parent, affirm the parents strengths and the efforts they are making, reflect on the parents ability, the plan of action, and should end with a question to the parent such as “did I get it all?” to ensure nothing was missed. Mrs. Kellogg demonstrated summarizing to the Home Visitors by doing a mock interview with one of the Home Visitors talking about incorporating motivational interviewing into their HomeStyles Home Visits. This allowed the Home Visitors to observe how a motivational interview sounds and how it works.

HomeStyles Training Day 3- afternoon session:

Motivational interviewing skill building Part B

To begin the afternoon session Mrs. Kellogg discussed the elicit/ provide/ elicit method for motivational interviewing. This simply means that the Home Visitor will elicit information from the parent about concerns they have, changes they want to make as discuss above. Once they have elicited this information (and summarized it), the Home Visitor can provide information to the parent. This information will be relevant to the behavior change the parent would like to make, and should be stated as facts. Mrs. Kellogg provided the Home Visitors with examples of information stated as fact such as “Healthy portions help children grow normally” and “Sharing time together at meal times strengthens families.” Once the information is shared the Home Visitors should then use open- ended questions to elicit the parent’s response to the information that was provided. Mrs. Kellogg explained that this final elicit step allows the Home Visitors to listen for change talk.

Mrs. Kellogg then introduced the concept of a specific, measurable, attainable, relevant and timely (SMART) goal. The Home Visitors had experience with goal setting and had already heard of a SMART goal, so Mrs. Kellogg did not spend much time on this section.

The next topic Mrs. Kellogg covered was the effective use of scales for motivational interviewing. The use of scales is common in motivational interviewing because they can promote conversation about behavior change. There are a couple of scales used within the HomeStyles guides, which the Home Visitors can use to guide their conversation. Mrs. Kellogg explained that the first question the Home Visitors should ask parents is to choose a number on a scale of one to ten, which indicated their readiness to make a change or their perceived importance of making a change. Depending on the number the Home Visitor may ask how the parent can increase that number. Mrs. Kellogg cautioned the Home Visitors to not encourage their families to make a behavior change plan if they did not rate the importance of changing as a seven or greater. Mrs. Kellogg also mentioned to the Home Visitors that the number system does not work for some people, and they may encounter parents who prefer to answer the scale questions with words such as “very important” or “a little confident”. Since the Home Visitors had some experience working with scales in the past Mrs. Kellogg had them share some of their favorite ways to use scale questions.

Mrs. Kellogg also discussed how to handle resistance. She began by explaining that resistance often arises when a client is pushed to change before they are ready. The client may feel as if they are not in control, they do not have a choice,

or they do not know what is going on. Mrs. Kellogg suggested that the Home Visitors handle resistance by backing off. This can be done by acknowledging the resistance, sit back, offer to let go, and invite working together. Mrs. Kellogg also suggested that the Home Visitors may be able to successfully handle resistance by expressing empathy, affirming something, reflecting ambivalence, and supporting the parent's choice.

Another challenge that Mrs. Kellogg talked about was handling misinformation. She encouraged the Home Visitors to handle miss information by first affirming something ("you work very hard to keep your kids healthy"), then by asking to provide some information (all information should be stated as facts), and finally the Home Visitor should ask for a response. Once again the Home Visitors shared that they had experience dealing with misinformation, Mrs. Kellogg encouraged them to share their strategies for dealing with it and helped them tweak their approach so that it aligned with the motivational interviewing technique.

To conclude the motivational interviewing session the Home Visitors separated into small groups to practice motivational interviewing. Each group selected one of the 12 guides as inspiration for a fictional behavior change. One person acted as the parent and the other as the Home Visitor. Mrs. Kellogg circulated and guided conversations.

To conclude the afternoon session the trainers introduced the Home Visitors to the pedometers used in HomeStyles. The Home Visitors were shown the research timeline for the program once again, this time the trainers highlighted the levels that would include pedometers; levels 1, 3 and 5. The trainers then explained the

procedures for pedometer use. When the families received the pedometers they should place them in a quiet area to rest until the morning, this ensures the most accurate results. The *HomeStyles Target Parents* and the *HomeStyles Target Child* should put the pedometers on as soon as they wake up in the morning. The orange pedometer was for the parent and the green was for the child. The trainers explained that the pedometers may be worn in a pocket, tied to shoelaces, pinned to an undershirt, or on a belt loop. The parents and children should wear the pedometers all day for the next three days except when bathing or swimming. The trainers then explained what the parents should do once the pedometers have been worn for three days. The parents need to fill out the card with the pedometer indicating which days the pedometers were worn (month and day) and then mail them back to HomeStyles in the postage- paid envelope provided. If the family would like to keep the pedometers they can put a note in the envelope. Parents can also upload pedometer data online by logging into their HomeStyles account. The pedometers each have a USB, which can be inserted into the computer to transfer the data.

The trainers ended the day by reviewing the wrap up sheet from Day 2. They also handed out wrap up sheets for day three and a more advanced “treasure hunt” for the website. The Home Visitors were also encouraged to try out the pedometers before training Day 4.

HomeStyles Training Day 4- morning session:

Recruiting HomeStyles families and research protocol/ participant agreement letter

On training Day 4, minimal new information was introduced to the Home Visitors, with most of the day serving as a refresher of topics covered earlier in the training sessions.

The morning of Day 4 began with the trainers reminding the Home Visitors that HomeStyles is in the research phase and because of this participation in the program may be a burden for some families. The Home Visitors were reminded that to ensure that families are not overburdened by HomeStyles families must have certain characteristics and must not have others (see list of eligibility requirements and ineligibility characteristics in day 1 morning section). Aside from the items on the list the trainers presented situations in which Home Visitors would need to use their judgment to determine if families would be able to participate in HomeStyles without becoming overburdened. These examples included, hospitalization of a family member or loved one, deployment of a family member or loved one, birth in the family, or death in the family.

The trainers stressed the fact that HomeStyles participants should be selected equally and fairly. That is, Home Visitors must offer HomeStyles to all of the families that qualify, not just the families they feel will succeed.

The next part of the training focused on how to go about recruiting families into HomeStyles. The Home Visitors were introduced to two recruitment cards. The first card, recruitment card number one, is designed to get parents interested. It contains quotes from parents and gives some basic information about HomeStyles. Recruitment card number two has a bit more detail about HomeStyles including

what it is, and how much time it takes. This card is given when parents have already expressed interest but are not yet ready to sign up.

The trainers introduced the Home Visitors to the five steps of introducing HomeStyles to parents.

Step 1. Establish rapport and ask permission to discuss HomeStyles.

During this first step the Home Visitor must decide if it is a good time to introduce HomeStyles. If the parent is upset or distracted it may be best to wait to introduce HomeStyles.

In the case that a parent does not want to discuss HomeStyles the trainers encourage the Home Visitors to tell the parent that it is OK if they do not want to talk about HomeStyles now, to offer to discuss it next time they meet, and to leave recruitment card one for the parent to look at when they have a chance.

In the case that it seems to be a good time to discuss HomeStyles the Home Visitors are encouraged to ask the parent if they are willing to discuss HomeStyles.

Steps 2&3. Describe HomeStyles and assess interest, these two steps occur at the same time.

If the parent is ready to hear about HomeStyles the Home Visitor should begin by introducing the points that are found on recruitment card one. They can even use the card as a guide. Start by telling the parent the purpose of HomeStyles “The HomeStyles program is made epically for families like yours. It helps families become happier, healthier and safer.” Then share some of the quotes that other

families have shared. While the Home Visitor is sharing this information they should be assessing the parent's interest.

If the parent seems interested the Home Visitor can use recruitment card two to provide more information. Recruitment card two will provide the opportunity to discuss the twelve guides. The trainers tell the Home Visitors to introduce the guides as four page mini magazines that give quick and easy, low- and no-cost, fun ideas from other parents and experts. The guides show small easy changes that help build a stronger family. The Home Visitors can also use the card to discuss the time needed to complete the program. The trainers encouraged the Home Visitors to tell their families that they will complete a new guide every month or so and the program will take about 15 months to complete. Each day they will spend a few minutes using the tips and ideas from the guides to make their families healthier. The trainers reminded the Home Visitors to tell the parents that they get to select their own guides so that they can decide what healthy changes they would like their family to make. They also should mention that the program is free and that they can even earn money by completing surveys every few months.

Step 4. Answer questions and address concerns.

If the parent seems interested after steps 2&3 the Home Visitor is encouraged to answer any questions the parent may have. If the parent is ready to sign up for HomeStyles the Home Visitor will move on the letter of agreement. The Home Visitors will explain to the parent that the letter is required to be signed by all participants in the project, it is required by the university.

To ensure the Home Visitors are able to discuss the letter with the parents the trainers explained participant protection and the ethics involved when participating in research studies. The trainers explained that human subjects (participants) have the right to choose whether or not they would like to enroll in the study. This information is included in the participant agreement letter. The letter also discusses that HomeStyles is cost-free and has little risk. The letter also informs parents that all information is confidential and that if they choose not to sign-up for HomeStyles their participation in PAT- NJ and HF- TIP NJ will not be affected.

When a parent signs the participant agreement letter it indicates they have been informed of the procedure, purpose, risks/ benefits of the study, and have the opportunity to ask questions throughout study and withdrawal from study at any time. The individual must be able to understand all of the information provided. Signing the letter also means that their decision to participate in the study is free from coercion and they are participating in the study because they want to (not for any other reason). The Home Visitors are told that when they are going over the agreement letter with the parent they will need to remind the families that they can choose to discontinue HomeStyles at any time without affecting their home visits in any way.

The trainers went over the letter contents with the Home Visitors explaining that the letter also tells the parents about the project. It begins by informing the parent of the partnership between Rutgers and PCANJ and that every month or so the Home Visitors will bring HomeStyles materials to share with the family. The

letter tells the parent that at each level the parent will have the opportunity to earn money and may receive gifts that promote healthy changes. The letter then breaks the program down into the five levels and describes what can be expected in each level. In the level 1 parents sign up for HomeStyles by signing the participant agreement letter and they complete Survey Café #1, which will take about 40 minutes. Once they complete the survey they will receive 15 dollars. Level 2 involves reviewing one new guide per month for the next four months. Each guide will take about 15 minutes to review and will provide the families with quick and easy lifestyle changes that they can make. At the end of level 2 they will take another survey, which will take about 40 minutes. This time they will earn 20 dollars. Level 3 is the same as level 2, the family will receive new guides and the parent and child will also get to wear pedometers. At the end of level 3 they will take another survey and will earn 20 dollars. Level 4 involves reviewing one guide for a couple of months and spending a few minutes each day making behavior changes. At the end of level 4 the parent completes another survey, and can earn 35 dollars. Level 5 is similar to level 4 but the parent will work on a separate guide. In this level the parent and child also get to wear pedometers. At the end of level 5 they will complete a survey and earn forty dollars. Between the levels parents have the opportunity to complete bonus bucks. The program should take about 15- 18 months to complete.

The letter also tells parents that the program is voluntary and cost free as well as confidential. It also informs the parent that participation in the study is voluntary and can be terminated at any time. This shows the parent that this letter protects them and discusses their rights as research participants.

At the end of the letter the parents are told that if they agree with everything they have read they can go online to the website to sign up or they can sign up through their Home Visitor.

Step 4 continued.

The trainers explained to the Home visitors that after going over the participant agreement letter with the families the parents may have more questions and concerns that will need to be addressed.

To prepare the Home Visitors to answer parent questions the trainers provided a sample scenario about a parent who is concerned about the feasibility of participating in HomeStyles with a 3-year-old and an 11-year-old. The trainers gave the Home Visitors the opportunity to come up with their own responses. Once the Home Visitors had shared their responses the trainers shared the response they had written utilizing motivational interviewing techniques. This reminded the Home Visitors to restate the question to be sure they understand what is being asked before providing an answer and to confirm that the answer provided was helpful.

Step 5. Sign up Participants in HomeStyles

If the parent does not want to participate the Home Visitor will leave recruitment card 1. If the parent is still not interested in two months they will leave recruitment card 2. This process should be repeated twice. If the parent is considering participation but is not ready to sign the participant agreement letter the Home Visitor should leave recruitment card 1 with the parent. If they parent has not signed up online by the time the Home visitor visits again (the Home Visitor will be notified by Rutgers) the Home Visitor will discuss HomeStyles again. If the parent

is ready to sign up, have them sign the participant agreement letter. If they are not yet ready leave recruitment card 2. The Home Visitor will continue to discuss HomeStyles with the parent at their home visits until the parent signs up or gives a firm no indicating that they do not want to participate.

When a parent is ready to sign up Home Visitors will give the family copies of the participant agreement letter and Survey Café one. Families with Internet access may complete these forms online. The trainers explained the procedure for signing up a participant, first the parent must sign the participant agreement letter. The Home Visitor will then measure the parent's and child's height and weight and record the information so that the parents can use it to fill in the Survey Café. The Home Visitor will leave the height kit for the family. They will also leave Survey Café 1 for the family to fill out once the Home Visitor has left. The family will then mail the Survey Café back to HomeStyles in the postage paid envelope.

After covering all of the steps of recruiting a family into HomeStyles the trainers gave the Home Visitors an opportunity to role play recruitment. The Home Visitors were encouraged to use the recruitment cards just as they would when recruiting families.

The Home Visitors also played the enrollment game. In this game the Home Visitors were told a brief story about a family. They then had to decide if the family was eligible to be enrolled in HomeStyles based on the enrolment requirements and the eligibility/ineligibility characteristics.

HomeStyles training Day 4 -afternoon session: Overview of HomeStyles timeline and HomeStyles Jeopardy.

The trainers went over a check list of what the Home Visitors will need to bring with them to recruit a family: recruitment cards, starter kit (participant agreement letter, Survey Café one, postage paid envelope), height measuring kit, and scale. At this point the trainers handed out starter kits to the Home Visitors so that they could review all of the components. Each starter kit contains two participant agreement letters, one for the family to keep and one to send back to HomeStyles with Survey Café one. The trainers remind the Home Visitors that they will need to measure the weight and height of the parent and the child at three times throughout the project. Each time height is needed the family will receive a new height kit. The trainers remind the Home Visitors that the scale is theirs to keep and they should not leave it with their families. They will need to bring it with them when they introduce HomeStyles to a family and each time height and weight are measured.

The afternoon session was wrapped up with a game of Jeopardy. The game included questions about HomeStyles. Questions referred to a variety of topics including who was eligible to participate in HomeStyles, who was responsible for different aspect of the program (parent or Home Visitor), and the program time line.

At the end of the session the Home Visitors were given certificates of completion. They were also asked to take the online Home Visitor Personality survey.

PSYCHOGRAPHIC CHARACTERISITICS

An individual's personality characteristics, lifestyle practices, and personal beliefs can affect how well they perform different tasks. This is the basis for career

aptitude testing. Different jobs require different psychographic characteristics to allow someone to excel. The relationship between psychographic characteristics and job performance explains the use of descriptive personality traits in job ads. For example an advertisement for a job may call for “a highly motivated, self-disciplined individual”. It is not to say someone who does not fit the description could not perform the job, but it does suggest that a person who meets these characteristics will be more successful.

The results of early studies attempting to relate personality and job performance showed little relationship between the two variables.¹⁸ This was most likely due to the absence of methodology for classifying personality traits. It was not until the development of the five-factor model that the presence of the relationship between personality and job performance became clear.¹⁸

The five factor model, or the “big five” personality dimensions, as we know it today was developed by Norman in 1963.¹⁹ The five factors are: emotional stability (neuroticism), extroversion, openness, conscientiousness, and agreeableness. These five factors are generally accepted to encompass the majority of personality traits.¹⁸

Although the five factor model is commonly used in research, there is some ambiguity about the personality traits that define each factor.¹⁸ In the present study, extroversion and conscientiousness are discussed by name while the other factors are not. In place of the remaining three factors individual personality traits specific to home visitors and supported by the current literature were used. Using specific psychographic characteristics rather than broad factors for the remaining personality traits will allow the results to be used to identify specific traits rather

than general personality types. These results can then be used to tailor training sessions and select criteria for hiring Home Visitors.

For clarity the characteristics are discussed without regard to the five factors.

In a meta-analysis performed by Barrick, et al., consciousness was the only factor of the five factors that was associated with job performance for all types of employment included in the analysis.¹⁸ The broad association between consciousness and job performance makes it an important factor to include in the present study. Extroversion was seen to be associated with job performance in jobs requiring social interactions.¹⁸ Home Visitors are required to interact with a variety of individuals each day, therefore it was important to incorporate extroversion into the present study. Judge et al. carried out a meta-analysis to determine if lower order traits, more specific personality traits, which fall under the broad factors of the five factor model, can be used to predict job performance in the same way that the five factors have been shown to.²⁰ The lower order traits in the study were based on the 10 DeYoung et al. facets from the neuroticism, extroversion and openness (NEO) facets, as well as 5 broad traits based on those facets so that each of the five factors was broken down into two more specific factors and then into 5 even more specific lower order traits.²¹ The results of the study indicated that the lower order traits were better able to predict job performance.²⁰ The more specific lower order traits more accurately assessed personality. The authors suggested that use of

broad factors provides for the possibility of ambiguity, while ambiguity is less likely in more specific lower order traits.²⁰

Personality Characteristics

Each of the personality characteristics of interest in this study are described below.

Extroversion. Extroverted people tend to be friendly, they enjoy being around others, and they usually have a more positive outlook on life than non-extroverted individuals.²² Wako et al. found that EFNEP state-level professionals ranked friendliness as one of the top personality traits that make a successful EFNEP paraprofessional nutrition educator.²³ As a Home Visitor, one must be able to interact well with participating families to develop rapport and partner with members of other community support programs to establish ties in order to provide resources to families. Home Visitors working in the HomeStyles program are also responsible for recruiting their families into the HomeStyles program. Due to the need for a variety of personal interactions Home Visitors may benefit from being extroverted.

Flexibility/Adaptability. People who are flexible and adaptable are able to adjust and change plans when circumstances change. Home Visitors often have to adapt when a family has to re-schedule a meeting at the last minute. They also have to be willing to adjust their instruction in order to address each individual family's concerns while ensuring the family is being provided with the information needed to reach their goals.

Ability to Learn. Having the ability to learn is important for Home Visitors. They are not required to have any training related to social work, family and

consumer sciences, or any other field related to the work they will be doing. Therefore, they must acquire all of the knowledge and skills required for their job during their training sessions at the beginning of their employment. As a Home Visitor for the HomeStyles project, the Home Visitors must learn about the HomeStyles project and acquire all the knowledge and skills they need to be successful during the four-day training session at the start of their time as a HomeStyles Home Visitor.

Conscientiousness. Conscientious people are hard-working, self-motivated, and driven by success.²⁴ Home Visitors spend a lot of their time at work out of the office. Without the eyes of a boss or fellow employees, it becomes the Home Visitor's responsibility to hold themselves accountable for their home visits and other daily responsibilities. Without daily input from a boss the Home Visitor must motivate his or herself to perform well.

Cultural awareness. Being culturally aware allows for successful interactions across cultures. Home Visitors interact with families from diverse backgrounds. The race and ethnicity of the families served by PCANJ is composed of 26% Black, 48% Hispanic, 19% White, 2% Asian, 2% other, and 3% multiracial families. The home visiting staff consists of 23% Black, 31% White, 42% Latino, 2% other and 1% not reported.¹¹ There is a need for health care professionals to become more culturally competent by learning about the cultures they serve.

Need for Cognition. People who have a need for cognition enjoy thinking.^{25,26} Need for cognition has been negatively associated with close mindedness and positively associated with general intelligence.²⁶ It is possible that

Home Visitors who have an increased need for cognition maybe more successful because they will be more interested in thinking about the information covered during training. They also maybe more willing to put additional thought into goal setting activities with families and when recommending creative tips and tricks to help families reach their goals.

Self-Control. People who have self- control tend to be dependable and organized.²⁷ It is possible that Home Visitors who consider themselves to have more self- control will be more successful because they are able to remain organized and can be depended on to keep scheduled meetings and to arrive at Home Visits on time.

Interest in Helping Others/Helping Attitude. Helping families is a large part of a Home Visitor's job. Enjoying the work is a component of job satisfaction and it is known that being satisfied with a job is related to enhanced job performance, motivation, and employee retention.²⁸ Therefore, it is possible that Home Visitors who enjoy the job more may feel more satisfied improving their job performance. It is also important to consider the role of job satisfaction in retaining Home Visitors because Home Visitor training is time consuming and expensive and high employee turnover rates can negate the economic benefit of using paraprofessionals rather than professionals.¹³

Self Confidence. Self-confidence was one of the personal attributes that both state and county level EFNEP professionals felt that their paraprofessionals should possess for success.²³ When a Home Visitor visits a family, they are typically the only paraprofessional present. This means they must be confident in their knowledge

and ability to effectively perform the home visit. Being alone means that the Home Visitor does not have fellow employees that they can ask questions of or communicate with during the home visit.

Depression. Depression can be defined as depressive symptoms, lack of pleasure, or sadness.²⁹ Depression has been associated with decreased work performance. In particular, depression decreases cognitive abilities and can especially inhibit memory and learning.²⁹ Memory and learning are particularly important for Home Visitors. A great amount of new information is presented during training and in order for the trainees to become successful Home Visitors must be able to understand and readily recall the information they learn during training. Additionally, Home Visitors are working with many families, thus it is important for them to recall what is occurring in the lives of each of their families and to recall what they spoke about with the family during previous visits in order to make their visits more personalized and effective.

Motivation/Job Importance. Linder, et al. defined motivation as “the inner force that drives individuals to accomplish personal and organizational goals”.³⁰ Employees who are motivated tend to be more productive.³⁰ Dickin, et al. found that Community Nutrition Educators (CNEs) were motivated by feeling as though they were “making a difference”.³¹ The productivity and success of Home Visitors also may be related to motivation by making a difference in the lives of the families they work with.

Lifestyle Characteristics

A Home Visitor's lifestyle characteristics, including stress and household factors, may influence his or her job performance. Different types of stress and aspects of the household environment can affect job performance.

Stress. Three different aspects of stress are considered in this study; role overload stress, time stress, and stress under control. In previous studies increased levels of stress have been associated with impaired job performance.³² Due to the relationship between stress and job performance, the HomeStyles training for Home Visitors included information about handling stress. However, perceived stress levels may be indicators of Home Visitors' likelihood of success despite stress management training.

Household Factors

Three aspects of the household were considered in this study. They included family conflict and cohesion, household organization, and household composition. In some ways the household factors relate to stress levels. A disorganized household, or high levels of family conflict can increase stress levels.³³ As mentioned previously, high stress levels can inhibit the job performance of Home Visitor. Assessing household factors may help to identify sources of stress in the lives of Home Visitors that may be affecting job performance. This information can then be used to improve the stress management aspects of Home Visitor training.

Health Practices

Home Visitors' health practices may alter their ability to recruit families into the HomeStyles program and to maintain their participation in the program.

HomeStyles Home Visitors are responsible for helping their families adopt healthy

lifestyle practices. Any factor that commonly prevents people from making lifestyle changes can be considered a perceived barrier. Common perceived barriers include time, money, and family commitments.³⁴ Home Visitors who have personally overcome some of these perceived barriers while making their own lifestyle changes may be able to provide tips to overcoming perceived barriers. Another factor that influences the decision to make lifestyle changes is perceived benefit. Perceived benefits are the positive results that an individual believes they will experience as a result of behavior change.³⁴ As part of HomeStyles, Home Visitors should be sharing some possible benefits of the lifestyle changes with their families. It is possible that the Home Visitor's own personal practices regarding the topics they are sharing with their families as well as their beliefs about the topics may influence their success as Home Visitors. Thus, the following health practices were investigated.

Physical Activity. Physical activity is another lifestyle characteristic focused on in the HomeStyles program. Home Visitors encourage parents to make it easy for their children to be physically active by providing them with toys and games to play with in the home and by taking them to parks and indoor recreation centers where the children have room to be active. The National Association for Sport and Physical Education (NASPE) recommends that preschool aged children (3-5 years) receive at least 60 minutes of unstructured free play and 60 minutes of adult led activity each day. NASPE also recommends that preschool children should not be sedentary for more than 60 minutes at a time unless they are sleeping.³⁵ Adequate physical activity has been associated with decrease risk of obesity in childhood and

improved motor skills.³⁶ A Home Visitor's personal practices regarding physical activity may affect program delivery.

Eating Behaviors. As mentioned above, the Home Visitors focus on healthy eating with their HomeStyles families. Aside from choosing healthy foods and eating them in recommended amounts, it is important for the Home Visitors to encourage the families to have a healthy relationship with food. People choose to eat for many different reasons. The Home Visitors were asked about emotional eating, adventurous eating, disinhibited eating, and dietary restraint in order to determine what influenced their eating behaviors.

Emotional eaters tend to alter their eating habits in response to negative emotions.³⁷ Home Visitors who allow their emotions to govern what they eat may have a difficult time suggesting that their HomeStyles families learn to pay attention to portion sizes and to listen to their bodies to determine when they are full rather than eating everything on their plate.

Adventurous eaters are willing to try new foods.³⁸ Home Visitors encourage families to incorporate fruits, vegetables, whole grains, and low fat dairy into their daily meals. It is possible that a Home Visitor may be put in a situation where they must introduce a few new foods to a family. The Home Visitor's personal opinion about trying new foods may hinder his or her ability to successfully encourage their HomeStyles family to try new foods. It is possible that the Home Visitor's relationship with food could affect how successful they are at encouraging their families to have a healthy relationship with food.

Disinhibited eating is related to uncontrolled eating, which is sometimes referred to as binge eating.³⁹ Home Visitors who are disinhibited eaters may have a difficult time talking to families about recommended portion sizes and encouraging them to control their intake.

Dietary restraint is characterized by limiting the amount or type of food that is consumed in order to prevent weight gain.⁴⁰ Home Visitors who restrict their diet may have a hard time relating to families who are struggling to make changes to their diet and hope to include a variety of foods in moderation.

Family Mealtime Atmosphere. Home Visitors spend time helping families to incorporate family meal times into their daily schedule. Home Visitors share tips about how to get families together for meals and how to make meal times enjoyable. Home Visitors who share family meals with their own family may be better able to provide tips and advice about family meals. It is also likely that Home Visitors who are implementing family mealtimes in their own homes truly believe in the importance of family meals.

Sleep. According to the National Sleep Foundation the average adult needs between 7 and 9 hours of sleep each night.⁴¹ Both sleep quality and sleep duration were considered. Studies have shown that insufficient sleep leads to impaired job performance. Poor sleep quality has been associated with a decreased ability to pay attention and retain new information. Additionally, insufficient sleep has a number of negative health effects including increased risk of diabetes and heart problems, increased risk of depression, and increased appetite leading to an increased risk of obesity.⁴¹ The Home Visitors educate families in the HomeStyles program about the

importance of adequate sleep to prevent these negative health effects. Therefore the reason for assessing sleep quality in Home Visitors is two-fold. As mentioned, insufficient sleep can impair cognitive function and job performance. It is also possible that the Home Visitors' personal sleep patterns may be a reflection of their personal beliefs about the importance of sleep, which may influence their delivery of information related to this topic to their HomeStyles families.

Sedentary Activity. Sedentary activity, like nutrition and physical activity, influences health outcomes. High levels of sedentary behavior has been associated with an increased risk of obesity and insulin resistance.⁴² Some amount of sedentary activity can be difficult to avoid; children are often required to sit at desks during the school day and adults may be confined to a small office or cubical during the workday.⁴² However, there are other times that sedentary activity can be limited. Screen time is one sedentary activity that HomeStyles focuses on limiting. The American Academy of Pediatrics currently recommends that children's (above the age of two years) screen time be limited to no more than 2 hours per day.⁴³ Home Visitors' personal practices regarding screen time may influence program delivery.

Dietary Intake. Home Visitors talk with their families about good nutrition and eating right. The specific guides related to dietary intake are, Right Sizing Portions, Breakfast the Right Start, Fabulous Fruits and Veggies and Best Drinks for Families. It is possible that Home Visitors who are accustomed to controlling their portion sizes, eating breakfast, consuming an adequate amount of fruits and vegetable each day, and limiting sugar sweetened beverages may be more successful at helping their HomeStyles families incorporate these practices into their own day

to day lives. A Home Visitor who does these things may be able to better understand their families concerns and may be better able to help them overcome challenges that they face along the way.

Weight Teasing. Home Visitors talk with families about health weights and encourage families to eat well and exercise to maintain a healthy weight. Home Visitors' weight teasing history and the effects that previous weight teasing has had on the Home Visitors may influence their own body image. This may change the Home Visitors' perception of healthy body weights and may alter their feelings about exercising and eating right to maintain a healthy weight.

ATTITUDES TOWARD SELECTED PARENTING PRACTICES

Home Visitors work closely with HomeStyles' families to help them adopt parenting practices that will help their kids have a more healthy lifestyles. It is important that Home Visitors feel that the information they are sharing with the families will be beneficial to the families and will encourage healthy lifestyle choices. If the Home Visitors do not believe that the information presented in the HomeStyles program is the best information for families, they may be less successful at recruiting families. As mentioned before perceived benefits are an important factor leading to behavior change.³⁴

Parent Feeding Practices

As part of the HomeStyles program, Home Visitors work with parents to help children learn how to enjoy new foods without fussing. Working with picky eaters can be very challenging. It is common for parents to force their children to eat healthy foods, restrict them from eating "junk foods", and to use food and non-food

rewards. The HomeStyles program aims to provide parents with alternative strategies to help their kids learn to enjoy healthy foods. Some of the practices encouraged by HomeStyles may be unfamiliar to Home Visitors. The Home Visitor survey asks about a variety of feeding practices in order to determine what Home Visitors believe about the child feeding practices HomeStyles promotes.

Beliefs about Family Meals

As mentioned previously, Home Visitors encourage families to incorporate family meal times into their schedule. Home Visitors help families learn how to find time for family meals and how to make meals more enjoyable and beneficial to the family. The Home Visitors' perceived importance of family meals and perception of the ease of family meals as well as their beliefs on the importance of location of family meals may influence their efforts and ultimately their success at recruiting families.

Parental Control of Screen time

As mentioned previously, HomeStyles focuses on reducing screen-time in the home. Home Visitors talk with families about the influence that TV advertisements have on children and the importance of talking to children about the content they see on TV. Children often ask their parents to buy the foods they see in TV commercials and these foods tend to be unhealthy choices. Home Visitors also encourage families to turn off the TV during meal and snack times because the TV can be distracting and cause over- or under eating. Home Visitors' were queried about their beliefs about the importance of parents controlling the amount of TV commercials children see.

Physical Activity Promotion

Home Visitors encourage parents to replace sedentary time, especially screen-time, with active play for their children. Home Visitors provide families with tips for being more active both indoors and outside. In order for Home Visitors to successfully encourage physical activity it may be important that they believe that it is important for parents to encourage their children to replace sedentary activities with active activities.

Parental Role Modeling

Parental role modeling is a concept that is emphasized repeatedly throughout the HomeStyles program. In each of the 12 HomeStyles guides there is a section titled “Kids Copy Their Parents”. This section encourages parents to remember that they are role models for their children. If parents want their children to make a change, the parents should make the change, too. It may be important to determine whether Home Visitors believe that the parents are role models in order for them to be able convey this message effectively to parents.

Physical and Verbal Engagement with Children

A main goal of both HomeStyles and the PCANJ programs is to promote positive, healthy parent-child relationships. One way that HomeStyles promotes these relationships is by encouraging parents to both verbally and physically engage with their children. In order for a Home Visitor to successfully encourage parents to do this, it may be important that they believe that verbal and physical engagement between a parent and a child is important for developing relationships.

Infant and Child Weight Perceptions

It is common for parents of preschool-aged children to underestimate the weight status of their child.⁴⁴ Home Visitors play a role in teaching families about portion sizes, healthy eating, and physical activity in order to promote health; thus it may be important for the success of the Home Visitor that he or she is able to correctly classify a child's weight status.

Outcome Expectations of Healthy Behaviors

As Part of the HomeStyles program Home Visitors encourage their families to make healthy lifestyle changes and help them make the changes. However, what may be even more important is that the Home Visitors also help the families understand what the healthy benefits of their changes will be. Understanding the benefits of the change will help the family to compile a list of perceived benefits, which may lead to them feeling that the change will be beneficial for their family and worth the effort they will have to put into making the change.³⁴ Each HomeStyles guide has a section called "Here's What Health Experts Say". Within this section the families will find a description of benefits they may experience after making the change.

Outcome Expectations of Eating Healthier Foods

Healthy eating is another main focus of the HomeStyles program. Home Visitors encourage families to make healthy food choices and to have a healthy relationship with food. A series of questions in the survey were included to assess the Home Visitors' outcome expectations of eating healthier foods in order to see if they endorsed the benefits of healthy eating that HomeStyles promotes. It may be

important that Home Visitors' believe in the benefits of healthy eating in order to be successful.

Outcome Expectations of Getting 60 Minutes of Physical Activity

Reducing sedentary time, especially screen-time, and being more physically active is a main focus of the HomeStyles program. Home Visitors encourage both children and parents to get enough physical activity each day. A series of questions in the survey were included to assess the Home Visitors' outcome expectation beliefs about getting 60 minutes of physical activity each day in order to see if they endorsed the benefits of physical activity that HomeStyles promotes. It may be important for Home Visitors to believe in these benefits in order to successfully recruit families.

DEMOGRAPHIC CHARACTERISTICS

Demographic characteristics may influence the Home Visitor's success. Home Visitors' gender, race, education level, years of experience, and age may influence the families' perception of the Home Visitor as an authority figure or a peer. For instance, a study by McGuigan, et al. found that Hispanic Home Visitors with less than a bachelor's degree were better able to retain families in a home visiting program for over a year compared to Home Visitors of other racial and educational backgrounds.⁹ Home Visitor demographic characteristics may also influence their confidence and ability to successfully recruit parents.

HOMESTYLES TRAINING SATISFACTION AND CONFIDENCE IN SKILLS LEARNED

Home Visitors' satisfaction with the HomeStyles training and confidence in the skills they would need to successfully carry out the HomeStyles programs could

affect recruitment success. Home Visitors who did not feel that the training was successful and did not feel confident with their ability to act as a HomeStyles Home Visitor may be less successful recruiting families with the opposite being true for those who were satisfied and felt confident.

THEORIES GUIDING THIS STUDY

Social networks are defined as the “web of social relationships that surround individuals”.⁴⁵ These relationships provide individuals with social support. The type of social support provided and the effectiveness of this support will depend on the unique characteristics of the individuals involved in a relationship and the characteristics of the relationship itself. The current study aimed to determine the characteristics of Home Visitors, which allowed them to provide social support, to facilitate positive behavior changes.

There are four major types of social support: emotional support, instrumental support, informational support, and appraisal support.⁴⁶ Emotional support or being empathetic, is a form of support commonly provided by family and close friends. While informational support is more commonly provided by professionals. To promote program effectiveness the source of support or combination of types of support must be identified.⁴⁶

HomeStyles Home Visitors provide a unique form of social support. Home Visitors, similar to EFNEP paraprofessionals, are individuals who typically have minimal or no education in health and nutrition. Since these individuals are not doctors or health care workers, they are often perceived as more relatable by the families with whom they work.¹³ This allows the Home Visitors to provide

emotional support that families accept. The Home Visitors complete a HomeStyles specific training, which provides them with the knowledge they need to provide informational support to families. The training also provides the Home Visitors with knowledge about motivational interviewing, which enhances their ability to provide appraisal support in the form of positive reinforcement and affirmation. The combination of these types of support placed the Home Visitors somewhere between a friend, family member, and a professional in their ability to provide support and influence behavior changes.

Social support is most effective when individuals are socially similar, have experienced similar stressors, and are able to express an enhanced empathetic understanding.⁴⁷ The current study assessed Home Visitor's individual personality traits, lifestyle characteristics, and demographic traits in order to determine how these characteristics relate to social support. In this study, the effectiveness of social support is measured by the ability of Home Visitors to recruit families into HomeStyles.

For a Home Visitor to provide effective social support, they must feel that they can have a positive influence on the family. This can be assessed through the psychological determinants of behavior, which are part of Social Cognitive Theory (SCT).⁴⁵ One of the constructs from the SCT, outcome expectations, refers to an individual's belief about the likelihood or value of a behavior choice.⁴⁵ For Home Visitors, there are two concepts to consider related to this construct. First, they must feel that the social support that they provide to the families will positively influence families to make behavior changes. Second, they must determine that the

behavior changes that the families make will have a positive impact on the families' health and well-being. In this study, the Home Visitors' beliefs about the benefits of their support and its impact are identified through items assessing their perceived job importance, their perception of the effectiveness of HomeStyles, and outcome expectations of healthy behaviors.

Another SCT construct is self-efficacy.⁴⁵ Home Visitors must believe that they are able to provide social support to the family and that the support they provide will help the families to make positive changes. This is measured through items assessing the perceived effectiveness of the program as well as items assessing job importance.

The final SCT construct to consider is collective efficacy.⁴⁵ The Home Visitor must believe that the HomeStyles program as a whole, including all of the Home Visitors, participating families, and the HomeStyles project team can make a difference by effectively promoting change. This construct is measured through items assessing perceived effectiveness of the program.

Through assessing psychological determinants of behavior and by identifying characteristics related to effective social support, this study aims to identify characteristics of individuals that may improve their ability to influence behavior change. Identification of these traits may be beneficial when hiring Home Visitors and other paraprofessionals.

CHAPTER 3

METHODS

PURPOSE

The purpose of this cross-sectional study was to examine the relationships among the demographic and psychographic characteristics of Home Visitors and the success with which they were able to recruit families into the HomeStyles project. Home Visitors, who are experienced in providing in-home education to families, lead the in-home interventions that are part the HomeStyles project. The Home Visitors are responsible for recruiting families who are part of their regular case load into the HomeStyles program. This study was approved by the Rutgers Institutional Review Board for the Protection of Human Subjects.

SAMPLE

During the spring 2014 semester, Home Visitors who had completed training to be HomeStyles Specialists were recruited to participate in this study. Participants were recruited via verbal announcements at the end of the HomeStyles Specialist training and through reminder e-mails sent out a few weeks after the training was completed. Participants gave informed consent and were compensated for the time spent completing the survey with a \$25 e-gift card to their choice of one of several retailers.

RESEARCH DESIGN

Study data were collected through the use of an online survey. The survey could be accessed at any time and the participants were able to begin the survey and save their results to complete at a later time. To measure recruitment success for

each Home Visitor, the number of families recruited into the HomeStyles program were recorded. During training the Home Visitors were told that their goal was to recruit three families.

INSTRUMENT

The survey instrument was developed in a series of steps, beginning with a review of literature to identify psychographic characteristics that have been shown to improve job performance and satisfaction as well as characteristics that have been identified in successful EFNEP and SNAP-Ed educators.²³

Items from valid, reliable scales were utilized whenever possible. When necessary, items were modified to fit the needs of this study or created *de novo*. Revised or newly created items were reviewed by a panel of experts to establish content validity. The survey had three main components: psychographic characteristics, demographic characteristics, and satisfaction with the HomeStyles training the Home Visitors received.

Demographic Characteristics

Demographic characteristics included on the survey were age, gender, ethnicity, and education level. These characteristics were selected to describe the sample and determine potential impact on recruitment and retention of HomeStyles families. When asked to identify their race/ ethnicity the Home Visitors had the option to choose as many choices as they felt represented them. The choices were Hispanic, Latino or Spanish; White; Black or African American; Asian Indian; Asian (e.g., Japanese, Chinese, Korean); Pacific Islander; and other, (please specify). The Home Visitors were asked to identify their highest level of education, the options

were less than high school, high school graduate, some college, associate's degree/technical school graduate, baccalaureate degree, advanced college degree and other, (please specify). Additionally, the Home Visitors were asked about their relationship status. Options included single, never married; single, living with domestic partner; married; divorced; widowed. If their relationship status indicated that they were in a relationship, the Home Visitor was asked what their spouse or partner's highest level of education is (answers were the same as stated above), and what the spouse/partner's occupation is.

Psychographic Characteristics

The psychographic characteristics assessed included personality characteristics, lifestyle characteristics, and attitudes toward selected parenting practices. The instruments used to assess each of these are described below. To control the time burden of participants in this study, most scales were shortened from their original by selecting items with the highest factor loadings reported in previous research.

Personality Characteristics. The personality characteristics assessed on the survey included extroversion,²³ flexibility/adaptability,^{23,31} ability to learn,²³ conscientiousness,²³ cultural awareness,^{23,48} need for cognition,²³ self-control,^{23,33} interest in helping others/helping attitude,²³ self-confidence,²³ depression,⁴⁹ and motivation/job importance^{30,31}. Each of these factors has been identified as a beneficial characteristic for professionals in work environments similar to the Home Visitors'.^{23,30,50}

Extroversion. Extroversion was assessed using items from the Global 3 personality test,⁵¹ the Big 45 Test,⁵² and the Eysenck Personality Test.⁵³ Extroverted people are friendly, they like to be around others, and they tend to have more positive thoughts than introverted people.²² The three tests assess various aspects of personality; the items pertaining to extroversion were included in the Home Visitor survey. Each of the three original surveys contained several questions related to friendliness and extroversion. After reviewing the full collection of questions in each scale, the researchers choose to use the three questions most representative of situations that Home Visitors may experience. For example, it is important for a Home Visitor to be able to easily start conversations with the families they visit. The questions were as follows, “I am more outgoing than reserved”,⁵¹ “I start conversations”,⁵² and “I have no trouble approaching people”.⁵³

The items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. The scale score was derived by averaging the item scores. A high score indicated that the person was extroverted whereas a low score indicated that the person was introverted.

Flexibility/Adaptability. Flexibility/Adaptability was assessed using items from the Big 45 test⁵² and Global 3 personality test⁵¹. The items used in this survey were selected based on their relevance to the role of a Home Visitor. For example, Home Visitors are often asked to cancel or reschedule appointments at the last minute. Home Visitors must be able to handle the changes without getting frustrated. The items used were “I am comfortable in unfamiliar situations”,⁵² “I am not easily frustrated”,⁵¹ and “I am not easily bothered by things”.⁵¹ The items were

scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. Item scores were averaged to create the scale score. Higher scores indicate a person is more flexible/adaptable.

Ability to Learn. An Ability to Learn scale was created with items from Wako et al.²³ and the Big 45 test.⁵² The items used in this survey were selected based on their relevance to the educational situations a Home Visitor may experience. For example, in order to work with the HomeStyles program, the Home Visitors must complete a series of training sessions both online and in person. The trainings focus mainly on health and well-being. Therefore, it is likely that enjoying learning about those topics will improve a Home Visitor's ability to successfully complete the training. The scale items were "I value education",²³ "I enjoy learning about health and well-being",²³ and "I am quick to understand things".⁵² The items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. The sum of the answers were averaged together, a high score indicated that the person had a heightened ability to learn.

Conscientiousness. Someone who is conscientious is hard working, self-motivated, and driven by success.²⁴ Conscientiousness was assessed using two items from the Big 45 test.⁵² The items were "I set high standards for myself and others" and "I can easily push myself forward".⁵² The two items were selected because they relate well to the job description of Home Visitors who often work individually without daily feedback from a supervisor. The two items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. The sums

of the answers to the two items were averaged; higher scores indicate greater conscientiousness.

Cultural Awareness. Cultural awareness can be defined as being cognizant of cultural differences in order to be able to interact successfully cross-culturally.⁴⁸ Cultural awareness was assessed using 5 items which were created based on the work of Horevitz et al.⁴⁸ and Suh et. al.⁵⁴ Both researchers discuss different attributes of cultural competencies. A selection of the attributes discussed by the researchers were used to develop questions which to assess these attributes. The items included were as follows “I am aware of my personal stigmas and bias regarding other cultures”, “I respect diverse cultural groups”, “I feel comfortable with my knowledge and understanding of other cultures”, “I am able to adapt when I am interacting with members of other cultures”, and “I have the ability to resolve cultural differences”. The items were assessed on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. The answers to the individual items were averaged; higher scores indicated a greater level of cultural awareness.

Need For Cognition. Need for cognition is defined by Cacioppo as “the tendency for an individual to engage in and enjoy thinking”.^{26,55} This factor was assessed using two items from the Need for Cognition Scale (NCS).^{26,55} The items were “Thinking is not my idea of fun” and “I like dealing with situations that require a lot of thinking”.^{26,55} The items were scored on a 5 point scale for the first question, 1 indicated strongly agree and 5 indicated strongly disagree and reversed for the second question to reflect difference in polarity. The scores of the two questions were averaged. A high score indicated a greater need for cognition.

Self-control. Self-control was assessed using items derived from research done by Grucza et al.²⁷ The three items used were as follows, “Sometimes I am not as dependable as I should be”, “I never seem to be able to get organized”, and “I am often late for appointments”.²⁷ The items were scored on a 5 point scale 1 indicating strongly agree and 5 indicating strongly disagree. The scores of the three questions were averaged; a high score indicated a high level of self-control.

Interest in Helping Others/Helping Attitude. Interest in helping others, or the presence of a helping attitude, was assessed using items from the Global 3 Personality Test. These items were “I put others first”, “I serve others”, “I will do anything for others”.⁵¹ The items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. The scores for each of the three questions were averaged. A high score indicated a higher interest in helping others/a helping attitude.

Self-confidence. Self-confidence was assessed using two items based on the 16 factor personality test⁵⁶ and the Eysenck personality Test.⁵³ The two items were “I frequently second guess myself”⁵⁶ and “I tend to be nervous”.⁵³ The two items were assessed using a 5 point scale with 1 indicating strongly agree and 5 indicating strongly disagree. The two scores were averaged; a higher score indicates higher self-confidence.

Depression. To assess depression, the 2-item Patient Health Questionnaire⁵⁷ was used. The items were “In the last 2 weeks, how often did you have little interest or pleasure in doing things?” and “In the last 2 weeks, how often did you feel down, depressed, or hopeless?”.⁵⁷ The items were scored on a 4 point scale with 1

indicating “Not at all”, 2 indicating “several days”, 3 indicating “more than half the days” and 4 indicating “nearly every day”. The scores were averaged. Higher scores indicate a higher level of depression.

Motivation/Job Importance. Motivation and job importance were assessed using items from the Linder Employee motivation survey.³⁰ The two items used were “I feel the work I do is appreciated”³⁰ and “I find my work interesting”.³⁰ The items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. The scores were averaged and a high score indicated a higher level of motivation and perceived job importance.

Lifestyle Characteristics. Lifestyle characteristics assessed included stress in the form of role overload stress, time stress, and control of stress as well as household composition, conflict, cohesion, and organization. Stress has been shown to have negative effects on job performance.³³ These questions were asked to assess the level of stress the Home Visitors were feeling, their ability to handle stress, and to determine aspects of life outside of work that maybe contributing to the different types of stress.

Stress. Three forms of stress were measured in this study. Role overload stress occurs when a person takes on many roles such as spouse, parent, and employee, and has difficulty balancing all of the responsibilities.⁵⁸ Role overload stress was assessed using items from the Role Overload questionnaire⁵⁹ and Cohen’s perceived stress scale.⁶⁰ The items used were “There are too many demands on my time”⁵⁹ and “I have too many things to do.”⁶⁰

A person may experience time stress when he or she feels there is not enough time to accomplish the tasks in the time available. In this study, time stress was measured using items from the questionnaire to assess time attitudes ⁶¹ and the food related lifestyle questionnaire.⁶² The items used were “I often need to rush to get everything done”⁶¹ and “I often feel like I am running out of time”.⁶²

The final aspect of stress measured in this study is stress control. This is a person’s ability to feel in control and manage stress constructively when placed in a situation that may promote time stress or role overload stress. Stress control was measured using items from Cohen’s Perceived Stress Scale⁶⁰ and the food related lifestyles questionnaire.⁶² The items included “I rarely feel overwhelmed by all the things expected of me”⁶⁰ and “In the last month I had so many responsibilities that I felt my life was out of control”.⁶²

Each of the items assessing stress used a 5 point scale with 1 being strongly agree and 5 being strongly disagree. Except for “I rarely feel overwhelmed by all the things expected of me”, which reversed to reflect difference in polarity. Items in each scale were scored and averaged to create scale scores. Higher scores indicated a greater role overload stress, time stress, or high stress under control.

Household Factors. Aspects of the household assessed in this study included household composition, conflict and cohesion in the household, and household organization. These factors were assessed to provide insight into the home life of the Home Visitors. A Home Visitor’s home life can affect stress levels and as mentioned previously, this can affect their job performance.³³

Household Composition. Household composition was assessed by asking how many individuals in these age groups resided in the Home Visitor's home (i.e., less than 2-years-old, 2 to 6-years-old, 7 to 12-years-old, 13 to 18-years-old, 19 to 30-years-old, 31 to 55-years-old and 55 years or older). The answer choices for each age group range from 1 to 6.

Family Conflict and Cohesion. Conflict and cohesion in the household was assessed using items based on the Family Environment Scale.^{63,64} The three items included were "We fight a lot in our family", "There is a feeling of togetherness in our family", and "My family really gets along well with each other".^{63,64} The questions were scored on a 5 point scale. For the first question a score of 1 indicated strongly agree and 5 indicated strongly disagree. Scoring was reversed for the last two questions to reflect the polarity of the items. The scores for the three questions were averaged, a higher score indicates greater cohesion in the household, whereas lower scores indicate greater conflict in the household.

Household Organization. Household organization was assessed using three items from the Confusion, Hubbub and Order Scale (CHAOS).^{65,66} The items are as follows "My family almost always seems to be rushed", "It's a real zoo in our home" and "You cannot hear yourself think in our home."^{65,66} The items were assessed on a 5 point scale with 1 indicating strongly agree and 5 indicating strongly disagree. The scores for the three questions were averaged. A higher score indicates a more organized household, whereas a low score indicates a more disorganized household.

Health Practices. As HomeStyles Specialists, Home Visitors help parents work toward making quick, easy, low-cost health-related changes to their lifestyles and

home environments. Thus, other lifestyle characteristics examined include Home Visitor health practices related to these same changes, namely sleep, sedentary activity, physical activity, dietary intake (i.e., fat, fruit, vegetables, fiber, and beverages intake), eating behaviors (emotional eating, adventurous eating, disinhibited eating and dietary restraint), family meal frequency, and mealtime atmosphere. Home Visitors teach families about each of these topics and it is possible that their own practices and beliefs regarding these aspects of health may affect their success as a Home Visitor.

Sleep. Sleep quality and duration were measured using two items from the Pittsburgh Sleep Quality Index.⁶⁷ The first item was, “In the past week, about how much time each day did you usually sleep? This may be different than the number of hours spent in bed”.⁶⁷ Answers to this item were in hours and minutes. The second item was, “Think about your sleep during the last month. How would you rate your sleep quality overall?”.⁶⁷ This item was scored on a 5 point scale with 1 indicating very good and 5 indicating very poor. Higher scores indicated a more favorable sleep quality.

Sedentary Activity. Sedentary activity was assessed using one item, which was created *de novo*, based on the survey for parents in the HomeStyles program. The item was “In the past week, about how much time each day did you watch TV or movies, play games on the computer or smart phone, or send e-mails or text messages?”. Answers to the item were in hours and minutes.

Physical Activity. Physical activity was assessed using three items from the Importance of Physical Activity Questionnaire.^{68,69} The items used were “I make

time to be physically active almost every day”, “I do not let things get in the way of keeping myself physically active”, and “It is important for me to be physically active”.^{68,69} The items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. The scores were averaged. A higher score indicated a higher level of importance placed on being physically active.

Dietary Intake. Three components of dietary intake were assessed: fat intake; fruits, vegetables and fiber intake; and beverage intake. Each dietary component was represented by a list of common foods that fit into the category. The Home Visitors then rated how often they consumed each of the food items in the list using a scale.

The scales used to assess dietary intake included the 17-item Block Dietary Fat Screener, items from the Block Kids Screener, the 10-item Block Fruit-Vegetable-Fiber Screener, the Fast Food/ Beverage Screener and the Survey for College Students. The Block screeners were chosen for their ease of use, their validity and reliability and the rapid rate at which they can be administered and scores can be calculated.⁷⁰ The Block fat screeners have been shown to provide results comparable to a 4 day diet recall.⁷¹

Fat intake was assessed with the 17-item Block Dietary Fat Screener.^{70,71} Home Visitors were asked “Think about your eating habits over the past year or so. About how often do you eat each of the following foods? Remember breakfast, lunch, dinner, snacks and eating out.” The list of foods included hamburgers, ground beef, meat burritos, tacos; beef or pork, such as steaks, roasts, ribs, or in sandwiches; fried chicken; hot dogs, or polish or Italian sausage; cold cuts, lunch meats, ham (not

low-fat); bacon or breakfast sausage; salad dressings (not low-fat); margarine, butter or mayo on bread or potatoes; margarine, butter or oil in cooking; eggs (not egg beaters or just egg whites); pizza; cheese, cheese spread (not low-fat); whole milk; French fries, fried potatoes; corn chips, potato chips, popcorn, crackers; doughnuts, pastries, cake, cookies (not low-fat); and ice cream (not sherbet or non-fat). Answers for the fat intake section were assessed on a 5 point scale with 1 indicating consuming the food item “1 time a month or less”, 2 indicating consuming the food item “2-3 times per month”, 3 indicating consuming the food item “1-2 times a week”, 4 indicating consuming the food item “3-4 times a week”, and 5 indicating consuming the food item “5 or more times a week”. The item scores are used in standard predictive equations to determine total fat intake, saturated fat intake, percent fat and dietary cholesterol.⁷⁰

Fruit, vegetables, and fiber intake was assessed using the 10-item Block Fruit-Vegetable-Fiber Screener.⁷⁰ Home Visitors were asked “Think about your eating habits over the past year or so. About how often do you eat each of the following foods? Remember breakfast, lunch, dinner, snacks and eating out” The list of foods included, any fruit, fresh, frozen, or canned (not counting juice); green salad; potatoes, any kind, including baked, mashed or French fried; vegetable soup, or stew with vegetables; any other vegetables, including string beans, peas, corn, broccoli or any other vegetable; fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber; beans such as baked beans, pinto, kidney, or lentils (not green beans); and dark bread such as whole wheat or rye. Intake of 100% fruit juice and vegetable juice, which is also assessed by this screener, were considered in the scoring of this

screeners as well as in the beverage screener. Answers for the fruit vegetables and fiber intake items were assessed on a six point scale with 1 indicating consuming the food item “less than once a week”, 2 indicated consuming the food item “once a week”, 3 indicated consuming the food item “2-3 times a week”, 4 indicated consuming the food item “4-6 times a week”, 5 indicated consuming the food item “once a day” and 6 indicated consuming the food item “2 or more times a day”. The scores for each of the food items are used in standard predictive equations to determine the number of fruits and vegetable servings per day, the amount of vitamin C intake, magnesium intake, dietary fiber intake, and potassium intake.⁷⁰

Beverage consumption was assessed using items from the Block Kids' Scanner,^{70,71} Fast Food/ Beverage Screener,⁷² Block Fruit-Vegetable-Fiber Screener,⁷⁰ and Survey for College Students.⁷³ Home Visitors were asked “Think about your beverage habits over the past year or so. About how often do you drink each of the following beverages? Remember breakfast, lunch, dinner, snacks and eating out”. The list of beverages included milk to drink;^{70,71} real 100% fruit juice (like orange, apple, grape, fresh, frozen or canned [not sodas or other drinks]);⁷⁰ vegetable juice (like tomato juice, V-8 or carrot);⁷⁰ soft drinks and soda/pop (like Coke or 7-up [not diet soda]);⁷³ fruit drinks or other sugar sweetened beverages (like Hawaiian Punch, Hi-C, Kool-Aid, Ocean Spray cranberry juice cocktail, Snapple, Sunny Delight, Country Time Lemonade, Sobe, Arizona Ice Tea, sugar sweetened tea [not diet drinks]);⁷³ energy drinks (like RockStar, Red Bull, Monster, Full Throttle [not sugar-free]);⁷³ and sugar-sweetened specialty coffee drinks (like frappuccino, flavored latte/cappuccino).⁷³ Answers for the beverage section were assessed on a

nine point scale with 1 indicating consuming the beverage “less than 1 time a week”, 2 indicating consuming the beverage “1 day a week”, 3 indicating consuming the beverage “2 days a week”, 4 indicating consuming the beverage “3 days a week”, 5 indicating consuming the beverage “4 days a week,” 6 indicating consuming the beverage “5 days a week”, 7 indicating consuming the beverage “6 days a week”, 8 indicating consuming the beverage “7 days a week”, and 9 indicating consuming the beverage “more than 1 time a day”. Some beverages listed were considered to be healthy options in moderation (milk, 100% juice, vegetable juice), whereas others were considered to be less healthful options (soda, energy drinks, sugar sweetened coffee drinks). The item scores are used in predictive equations to determine amount of Calories and grams of sugar typically consumed from sugar-sweetened beverages.⁷³

Eating Behaviors. Four different eating behaviors were assessed in this survey: emotional eating, adventurous eating, disinhibited eating, and dietary restraint.

Emotional eating is defined as “eating in response to negative affect”.³⁷ Stress and loneliness are the two emotional states commonly associated with emotional eating. Questions about emotional eating were from the Three-Factor Eating Questionnaire.^{74,75} The items were, “When I feel sad, I often overeat”,^{74,75} “When I feel anxious, I find myself eating”^{74,75} and “When I feel lonely, I console myself by eating”.^{74,75} The items were assessed on a 4- point scale with 1 definitely false and 4 indicating definitely true. The scores for the three questions were averaged, higher scores indicate increased emotional eating behavior.

Adventurous eating is related to the willingness to try new foods. Items pertaining to this eating behavior were from the Temperament³⁸ questionnaire and Food Neophobia Scale.^{38,76} The items were “I do not trust new foods” and “I am afraid to eat things I have never eaten before”. The item responses were on a 4 point scale with 4 indicating definitely false and 1 indicating definitely true. The scores for the two items were averaged. A higher score indicated greater adventurous eating.

Disinhibited eating is related to uncontrolled eating behaviors, which are sometimes referred to as a binge eating.³⁹ Disinhibited eating was assessed using items from the Three-Factor Eating Questionnaire’s disinhibited eating scale.^{74,75} The items were “I am always hungry, so it is hard for me to stop eating before I finish the food on my plate, “I am always hungry enough to eat at any time”, and “Sometimes when I start eating, I just can't seem to stop”.^{74,75,77} These items were scored on a 4 point scale with 1 indicating definitely false and 4 indicating definitely true. The question scores were averaged. A higher score indicated a greater disinhibited eating.

Dietary restraint is related to limiting the type of foods or restricting the amount of food being consumed in order to prevent weight gain. Dietary restraint was assessed using items from the Three-Factor Eating Questionnaire’s dietary restraint scale. The items were, “I consciously hold back at meals in order to not gain weight”, “I do not eat some foods because they make me fat”, “I avoid “stocking up” on tempting foods” and “I deliberately take small helpings as a way to control my weight”.^{74,75} The items were scored on a 4 point scale with 1 definitely false and

4 indicating definitely true. The answers to the questions were averaged. Higher scores indicated greater dietary restriction.

The Home Visitors' family meal time atmosphere also was assessed. Home Visitors teach families about beneficial family meal time atmosphere with a focus on limiting screen time during mealtime.

Screen time during family meals has been shown to lead to overeating^{78,79} and the development of unhealthy food habits including an increase in high fat and high sugar foods than are commonly advertised in TV commercials.^{74,75,77,80,81} Two items from the Healthy Home Survey⁸² and the Physical and Nutrition Home Environment inventory⁸³ were used to assess how often Home Visitors engage in screen use during their meals. The items were, "How often is the TV on during meals and snacks at your home?"^{82,83} and "How often is a computer, tablet, video game, smart phone, or electronic educational device (like a Leap Pad) used during meals and snacks at home?"^{82,83} Both questions were scored on a 8 point scale with 1 indicating almost never and 8 indicating every day. The scores of the two questions were averaged. A higher score indicated a higher rate of screen time use during meals and snacks.

Attitudes toward Selected Parenting Practices. Attitudes toward obesity-related parenting practices also were investigated. These practices included parent feeding, screen time control, role modeling, physical activity promotion, and physical and verbal engagement. In addition, perception of healthy infant and childhood weights was assessed.

Parent Feeding Practices. Endorsement of parental feeding practices assessed in this study included pressuring children to eat, restricting certain foods, use of food and non-food rewards, and child food access policy. The items used to assess these practices were modified from those used to assess parents participating in the HomeStyles project. The questions were modified to assess the beliefs of the Home Visitor rather than the practices of the parents. For instance, an item on the parents survey stated “How many days each week do you have family meals at fast food restaurants like McDonalds or Burger King?” whereas the modified version on the Home Visitor’s survey was rephrased as an belief item “Families with preschool kids should limit the number of meals they have at fast food restaurants like McDonalds or Burger King.” Original items used to assess the parents participating in the HomeStyles program were from the Parent Feeding Scale Questionnaire,⁸⁴ Overt/Covert control scale,⁸⁵ The Parent Dietary Modeling Scale,⁸⁶ The Caregiver Feeding Styles Questionnaire,^{87,88} Parental Feeding Styles Questionnaire,⁸⁴ the Physical and Nutritional Home Environment Survey,⁸⁹ the Measure of Overt and Covert Control,⁸⁵ and the FEEDS Survey.⁹⁰

Pressuring children to eat is usually related to “good foods” such as fruits and vegetables.⁹¹ In this study, three items were used to assess Endorsement of Pressuring Children to Eat. The original questions used in the HomeStyles survey given to the parents of families participating in the HomeStyles project were based on the Parent Feeding Scale Questionnaire,⁸⁴ Overt/Covert control scale,⁸⁵ The Parent Dietary Modeling Scale,⁸⁶ The Caregiver Feeding Styles Questionnaire,^{87,88} and the Physical and Nutritional Home Environment Survey.⁸⁹ The items were

modified from the original form as noted above. The items used in the Home Visitor survey were “Parents should really pressure their preschool kids to eat fruit”, “Parents should really pressure their preschool kids to eat vegetables” and “Parents should really pressure their preschool kids to drink milk”.

Restricting is usually related to “bad foods” including foods high in fat and sugar.⁹² In this study 2 items were used to assess Endorsement of Restricting Children’s Food Intake. The items were based on the Parent Style Feeding Questionnaire,^{87,88} Overt/Covert Control Scale,⁸⁵ The Parent Dietary Modeling Scale,⁸⁶ the Caregiver Feeding Styles Questionnaire, and the Physical and Nutritional Home Environment Survey.⁸⁹ The items were modified from the original form as noted above. The items used in the Home Visitor survey were are “Parents should make sure their preschool kids do not eat too many sweets, like cookies and soda”, “Parents should make sure their preschool kids do not eat too many salty snacks, like chips”.

Home Visitor’s Endorsement of Using Food and Non-foods to Reward Children were assessed with five items. The original items were based on Caregiver’s Feeding Style Questionnaire^{87,88} and the Parental Feeding Styles Questionnaire.⁸⁴ The items were modified from the original form as noted above. Use of food reward was also referred to as instrumental feeding. The items used in the Home Visitor survey were “If a preschool child misbehaves, parents should not let them have a favorite food”,⁸⁴ “Parents should reward their preschool kids with something to eat when they are well behaved”,⁸⁴ and “Parents should encourage their preschool kids to eat something by using food as a reward (for example, “if you

finish your vegetables, you will get dessert")".^{87,88} Items used to assess the use of non-food reward included "Parents should promise their preschool kids something other than food if they eat (for example, "If you eat your peas, we can play ball after dinner")",^{87,88} "Parents should take away something other than food if their preschool kids do not eat (for example, "If you do not eat your meat, there will be no TV time after dinner")",^{87,88}

Home Visitors' Endorsement of Parental Overt and Covert Control Over Child Food Access was assessed using four items. The original questions were based on the Parent Dietary Modeling Scale,⁸⁶ Child Feeding Questionnaire,⁹³ Parental Feeding Questionnaire,⁸⁴ Measure of Overt and Covert Control,⁸⁵ and FEEDS Survey.⁹⁰ This scale assesses the Home Visitors' beliefs in how much control the parent or the child should have regarding when a child eats, how much the child eats, and the type of food the child eats. The items were modified from the original form as noted above. The items used to assess overt control of food intake amount in the Home Visitor survey were "Parents should set rules for their preschool kids about the amount of fruits and vegetables they have to eat",⁸⁶ "Preschool kids should always eat everything on their plate",⁹³ and "Parents should decide how much food their preschool kids eat at meals"⁹⁰. The items used to assess overt control of food intake timing in the Home Visitor survey were "Parents should decide when it is time for their preschool kids to have a snack",⁸⁴ and "parents should let their preschool kids decide when to have meals"⁸⁴. The item used to assess covert control of food intake choices was "parents should keep foods that they want their preschool kids to eat in places that are easy for kids to see and reach"⁸⁵.

Each of the endorsement of parent feeding practices items were measured using a 5 point scale, with 1 being strongly disagree and 5 being strongly agree. Each aspect of endorsement of parent feeding practices (pressure, restriction, food and non-food rewards, and food access policy) was scored separately. Scores for all items on a scale were the averaged to create the scale score. Higher scores indicated that the Home Visitor had a more strongly endorsed the behavior; that is, they felt that parents of preschool children should be implementing the behavior.

Parental Control of Screen Time. The Home Visitors' endorsement of parental control over screen time was another aspect of parenting practices addressed in this study. Topics related to control over screen time included the programming content parents allow their children to see, communication with children about what they see on TV, and the use of TV for educational purposes

Two items were used to address Home Visitors' endorsement of limiting the programming content preschool children are allowed to view. The two items were based on the Healthy Home Survey⁸² and the Physical and Nutrition Home Environment inventory.⁸³ The first item was "Parents should try to limit the number of TV commercials their preschool kids see". The second item was "Parents should try to limit the TV shows and movies their preschool kids see to only those made for kids".^{82,83} Both items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. Higher scores for the first item indicated that Home Visitors felt parents should limit the number of TV commercials children see. Higher scores for the second item indicated that Home Visitors felt that parents

should limit the TV content that they allow their preschool children to watch to that made for kids.

Two more items were used to assess Home Visitors' endorsement of talking with preschoolers about what they see in movies, on TV, in video games, and in TV ads. The two items were taken from the Healthy Home Survey⁸² and the Physical and Nutrition Home Environment inventory.⁸³ The two items used were "Parents should talk with their preschool kids about TV shows, video games or movies"^{82,83} and "Parents should talk with their preschool kids about advertisements on TV."^{82,83}

Three items about screen time were created *de novo*. They specifically focused on educational screen time to determine if Home Visitors felt differently about educational screen time despite the need to limit both educational and non-educational screen time for preschoolers. The endorsement of educational television watching scale item was "Parents should only let preschool kids watch TV programs that are educational". The item used to assess Home Visitors' perception of TV's effects on children's ability to do better in school was "TV programs teach preschool kids a lot of things to help them do better in school". The item used to assess Home Visitors' feelings about the effects of TV on child learning was "Preschool kids learn so much from TV". The first item was scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. The second and third questions were reversed to reflect difference in polarity. A higher score for the first item indicated a belief that parents should limit preschoolers' TV exposure to educational programs. A high score for the second item indicated increased belief that educational screen time is beneficial for preschoolers' performance in school. A

higher score for the third item indicated a belief that preschool children learn a great deal from the TV programs they watch.

Parental Role Modeling. Home Visitors' beliefs in the importance of parental role modeling of sedentary and active behaviors was assessed using items based on the Physical and Nutritional Home Environment Inventory⁸⁹, the International Life Sciences Institute Phone Survey,⁶⁸ and the 11-point Child Activity Index.⁶⁹ Two items relating to the importance of parental modeling of physical activity were used, they were, "Parents should tell their preschool kids that they enjoy being physically active",^{68,69,89} and It is important for preschool kids to see parents being physically active".^{68,69,89}

One item related to the importance of parental modeling of sedentary behaviors was used. It was "It is important that preschool kids do not see parents spending a lot of time watching TV and movies."^{68,69,89}

The items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. The two items related to the importance of parental modeling of physical activity were summed. A higher score indicated a belief that parent modeling of physical activity is important. A higher score for the item related to parent modeling of sedentary behavior indicated a belief that parent modeling of sedentary behavior is important.

Physical Activity Promotion. Home Visitors' beliefs in the importance of promoting physical activity to children were assessed through a series of questions based on the Physical and Nutritional Home Environment Inventory,⁸⁹ the

International Life Sciences Institute Phone Survey,⁶⁸ and the 11-point Child Activity Index.⁶⁹

The importance of encouraging children to be active was assessed through two items, “Parents should make it easy for preschool kids to be physically active, such as by getting out play equipment, taking them to the park or to classes like swimming or dance or karate”,^{68,69,89} and “Parents should encourage preschool kids to do something other than watch TV or movies, like play outside”.^{68,69,89} The items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. The scores were summed. A higher score indicated a belief that parents should encourage their preschooler to be physically active.

The importance of physical activity for preschool children was assessed through a single item, “Preschool kids should be physically active almost every day”,^{68,69,89} The item was scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. Higher scores indicated a belief that preschool kids should be active almost every day.

The importance of parent child co-play was assessed through a single item, “Parents should play actively with kids everyday”.^{68,69,89} The items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. Higher scores indicated a belief that parents should play actively with their children every day.

Physical and Verbal Engagement. Two items were used to assess the Home Visitors’ beliefs about the importance of physical and verbal engagement with children. The two items were adapted from the Home and Life interview.⁹⁴ The

items were “Parents should talk with their preschool kids while doing chores around the house” and “It is important for parents to hug kids often”. The items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. Higher scores for the first question indicated beliefs that verbal engagement with children is important, whereas higher scores for the second question indicated beliefs that physical engagement with children is important.

Perception of Infant and Child Weights. Perception of healthy infant and childhood weights was assessed through a variety of questions. One of the items was from the Child Feeding Questionnaire.⁹³ This item was “A chubby baby is a healthy baby”⁹³. Two more questions were created *de novo* in order to improve the understanding of why people may respond in agreement with the original question. These items were “Most chubby kids grow out of their chubbiness later in life” and “It is healthy for young kids to be chubby”. All three questions were scored on a 5 point scale with 1 being strongly disagree and 5 being strongly agree. The scores for the three questions were averaged. A higher score indicated believing that an overweight baby is healthy.

In addition, four pictorial instruments by Collins⁹⁵ were used. One instrument was a scale that showed seven images of a young boy ranging from underweight to obese. The item related to this scale stated, “Select the first picture that shows a child that you think is overweight”. The second instrument used the same images in reversed order (from obese to underweight). The item related to this scale stated “Select the first picture that shows a child that is underweight”. The second and third instrument was the same except the seven images were of a young

girl ranging from underweight to obese. The same items were associated with the scales. In each scale the images were number 1 to 7 from left to right. In all cases the image in the middle of the scale, image 4, was considered to be a normal weight child.

Food Access Policy. Perception of what foods and drinks parents should allow their children to have access to (be able to serve themselves without parent assistance) was assessed through the food access policy item. This scale was based on the Parent Dietary Modeling Scale,⁶⁶ the Child Feeding Questionnaire,⁷⁵ the Parental Feeding Questionnaire,⁶⁴ Measure of Overt and Covert Control,⁴² and the FEEDS Survey.⁷¹ This item provided the Home Visitors with a list of food and beverage items and the Home Visitors were asked “Which of these foods should parents allow preschool kids to get for a snack without help? (Check all that apply)”. The items available for selection were: Potato chips, popcorn, crackers, corn chips, like Doritos, tortilla chips, Fritos; Doughnuts, pastries, cookies, cake (like Ho-Hos); Ice cream; Candy or candy bars; Milk; Soft drinks and soda pop, like Coke or 7-Up; Fruit drinks or other sugary beverages; Real 100% juice, like orange, apple, grape; Fruits or vegetables; Cereal; Breakfast bars, granola bars, protein bars; and Preschool kids should not be allowed to get any of these for a snack without a parent's help. Each item selected indicated that the Home Visitor believed that preschool children should be able to access the food item without parental assistance.

Weight Teasing. Home Visitors weight teasing was assessed using these questions address the weight teasing history of the Home Visitor and the effects it had on them was assessed using items from the Assessment of Body Image Disturbance.⁹⁶ The first item

assessing weight teasing history was “When you were between the ages of 5 and 16, how often did people make fun of you because of your weight?”. The second item assessing weight teasing history was “When you were between the ages of 5 and 16, how often did people call you names like “fatso” or “skinny”?”. The third item assessing weight teasing history was “When you were between the ages of 5 and 16, how often did people laugh at you because of your weight?”. The items were scored on a 5 point scale, the answer choices were never, rarely, sometimes, often, or very often.

The first item assessing weight teasing effect was “If you were made fun of because of your weight, how upset were you?”. The second item assessing weight teasing effect was “If you were made fun of because of your weight or called you names like "fatso" or "skinny" how upset were you?”. The third item assessing weight teasing effect was “If you were laughed at because of your weight, how upset were you?”. The item was scored on a 5 point scale, the answer choices were, not at all upset, a little upset, somewhat upset, very upset, and I was never teased because of my weight. Home Visitors who reported never being teased because of their weight were excluded from analysis of weight teasing effects. The scores for each topic were averaged. A high score (5) on the weight teasing history scale indicated more weight teasing when they were younger. A high score (4) on the weight teasing effects scale indicates increased negative effect of teasing.

Concern for Child Overweight risk. Two items were used to assess the Home Visitors' concern about the children they work with in home visits becoming overweight or obese later in life. The two items were created *de novo*. The items were "I am concerned that the children I see during home visits will become overweight" and "I am concerned that the children I see during home visits will have to diet to keep their weight under control." The items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. Higher scores indicate that Home Visitors are concerned that the kids they work with are at risk of becoming overweight later in life.

Importance of Family Meals. Two aspects of family meals were assessed. The perceived importance and ease of family meals was assessed. Additionally, the Home Visitors' beliefs about the importance of the location of family meals were assessed.

Items to assess the perceived importance placed on family meals were derived from the Parent Barriers to Planning and Preparing Meals Questionnaire,⁹⁷ Project EAT,⁹⁸⁻¹⁰⁰ and the Physical and Nutritional Home Environment Inventory.⁸⁹ The items used to assess the perceived importance of family meals were "Families are just too busy to eat dinner together"⁹⁸⁻¹⁰⁰, "It is important for families to eat meals together often".⁹⁸⁻¹⁰⁰ An additional item was created *de novo*: "eating together as a family is not worth the effort*" The items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. The question marked with asterisk (*) above were scored on a reversed scale with 1 indicating strongly agree and 5 indicating strongly disagree. The item scores were averaged to create a

scale score. A higher score indicated a more positive belief that family meals are important and should be a priority despite barriers.

The item used to assess family meal planning was, “Parents with preschool kids should just ‘go with the flow’ and not plan meals”.^{97 98-100} The item was scored on a 5 point scale with 1 indicating strongly agree and 5 indicating strongly agree (reverse scored). Higher scores indicated a belief that parents should plan meals.

The items used to assess family meal atmosphere were, “Trying to have family meals is too stressful”, and an additional item was created *de novo*: “Eating together as a family just leads to arguments. There items were scored on a 5 point scale with 1 indicating strongly agree and 5 indicating strongly disagree (reverse scored). The scores were summed; higher scores indicated belief that family meals can occur in a pleasant atmosphere.

Items used to assess the importance of family meal location were derived from Project EAT.⁹⁸⁻¹⁰⁰ The items address family meals eaten in front of the TV and family meals consumed at fast food restaurants. The items included, “families with preschool kids should not eat meals in front of the TV”⁹⁸⁻¹⁰⁰ and “families with preschool kids should limit the number of meals they have at fast food restaurants like McDonalds or Burger King”.⁹⁸⁻¹⁰⁰ The two items were scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. High scores for the first item indicate the belief that family meals should not be consumed in front of the TV. High scores for the second item indicate the belief that family meals should not be consumed at fast food restaurants.

Outcome Expectations of Healthy Behaviors. It is important that the Home Visitor's not only educate parents about how to make healthy changes, but also why it is important to do so. To assess the Home Visitor's outcome expectations related to the health information they provide to the families, a series of items based on the Determinants of Maternal Eating and Physical Activity Behavior¹⁰¹ were used. The items focused on healthy eating, and being physically active. The items related to healthy eating were "Eating healthier food will help me have more energy", "Eating healthier food will help me have a healthier weight", "Eating healthier food will help me look better", "Eating healthier food will help me be happier", "Eating healthier food will help me feel better", "Eating healthier food will help me be a good role model for my kids", "Eating healthier food will help me feel less depressed" and "Eating healthier food will help me feel less anxious or tense". The items related to physical activity were, "Getting 60 minutes of physical activity most every day will help me have more energy", "Getting 60 minutes of physical activity most every day will help me have a healthier weight", "Getting 60 minutes of physical activity most every day will help me look better", "Getting 60 minutes of physical activity most every day will help me be happier", "Getting 60 minutes of physical activity most every day will help me feel better", "Getting 60 minutes of physical activity most every day will help me be a good role model for my kids", "Getting 60 minutes of physical activity most every day will help me feel less depressed" and "Getting 60 minutes of physical activity most every day will help me feel less anxious or tense". Each item was scored on a 5 point scale with 1 indicating strongly disagree and 5 indicating strongly agree. The scores for the healthy eating and physical activity

items were averaged separately. A high score indicated the belief that eating healthy foods and/or getting 60 minutes of activity most days is beneficial.

Health Perception. Home Visitors' personal health perception was assessed. Items to assess health perception were from the Center for Disease Control and Prevention's Health-Related Quality of Life questionnaire.¹⁰² The scale contained 7 items. The items were "How would you rate your general health?", "How would you rate your overall knowledge of nutrition?", "How would you rate the overall nutrition quality of your diet?", "Think about your physical health, which includes physical illness and injury?", "During the past 30 days, how many days was your physical health not good?", "Think about your mental health, which includes stress, depression, and problems with emotions?", "During the past 30 days, how many days was your mental health not good?", "Think about your mental and physical health. During the past 30 days, how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work and recreation?", "On how many of the last 30 days did you smoke one or more cigarettes?". The first three items were scored on a 5-point scale with 1 indicating very poor and indicating very good. The items were averaged; a higher score indicated a better perception of health. The next three questions were answered in exact number of days from 0 to 30. Higher scores indicated more days where mental or physical health interfered with daily life. The last question was scored on a scale containing the following answers "I do not currently smoke", "1-5 days", "6-10 days", "11-15 days", "16-20 days", "21-25 days", "26-29 days", and "every day". Higher scores indicated a habit of smoking more frequently.

Training Satisfaction. Home Visitor satisfaction with training for the HomeStyles project was assessed using 12 items. The scales were confidence in the value of HomeStyles, belief that Home Visitors play a role in the success of HomeStyles, enjoyment of training, quality rating of training, and confidence in ability to carry out requirements of the HomeStyles program. All items in this section were created *de novo*. Except where noted below, all items were scored on a 5-point Likert Scale with 1 indicating strongly disagree and 5 indicating strongly agree. Higher scores indicated greater confidence, beliefs, enjoyment, and quality ratings.

The item that assessed the value of the HomeStyles project was “I believe that the HomeStyles Program, when implemented correctly, will have a positive effect on the families involved”. The item related to the belief that Home Visitors play a role in the success of HomeStyles was “I feel that my performance as a Home Visitor will influence the effectiveness of the HomeStyles Program”. The item related to enjoyment of training was “I enjoyed attending the HomeStyles Training”.

Questions about the ability to carry out the requirements of a Home Visitor included, “The HomeStyles Training provided me with the skills I will need to implement the HomeStyles program effectively”, “I am comfortable with my knowledge of community resources”, “I am confident in my ability to use HomeStyles Guides”, “I am confident in my ability to answer questions families may have about HomeStyles”, “I am comfortable with my knowledge of HomeStyles”, “The HomeStyles Training provided me with the knowledge base I need to implement this program effectively”. The scores were averaged to create the scale score.

Items related to quality of the training included, “The HomeStyles Training was well organized” and “The length of the HomeStyles Training was just right”. A third question (“the overall quality of the HomeStyles Training was” ____), used a 5 point Likert-type scale ranging from very poor to very good. The scores were averaged, a high score indicated a high perceived quality of the training.

SURVEY ADMINISTRATION

HomeStyles Home Visitors were encouraged to go online to take the survey when their HomeStyles training ended. The survey was developed and administered online through Qualtrics.

Each page in the survey was laid out carefully to promote visual interest, accurate responses, and allow participants to proceed as quickly as possible to minimize response burden and fatigue. Throughout the survey the number of items per page was kept to a minimum in order to minimize the need for participants to scroll down the page. Large colorful images with clear instructions promoted interest and understanding. Images of the survey can be seen in Appendix II.

The survey was set up so that if the Home Visitors needed to stop taking the survey at any point they could do so. Their progress would be saved, and they could go back through and complete the survey at a later time. Researchers monitored survey completion so that Home Visitors would receive their compensation promptly.

DATA ANALYSIS

Survey results were downloaded from Qualtrics. All statistics were performed in Microsoft Excel. After calculating scale scores, averages and standard deviations were calculated for each scale.

Internal consistency of the scales was computed using either the standard Cronbach alpha equation $[\text{number of items in scale} / (\text{number of items in scale} - 1)]^*$ $[(1 - \text{the sum of the item variances for each item in the scale}) / \text{scale variance}]^{103}$ or Gulliksen's adjusted Cronbach alpha¹⁰⁴. The Gulliksen's adjustment was used to overcome the lack of scale score variance due to the homogeneity of the sample population. Gulliksen's adjusted Cronbach alpha requires a scale variance from a reference population. The reference population used in this study was a sample of 550 parents of preschoolers.¹⁰⁵ The Gulliksen's equation used was $(1 - \text{the sum of item variances for each item in the scale}) * [(1 - \text{Cronbach alpha}) / (\text{the reference population sum of item variance for each item in the scale})]$.¹⁰⁴

In order to determine if the Gulliksen adjustment was to be used the proportion of the reference population variance compared to the Home Visitor variance was determined $[(\text{variance of the reference population} / \text{number of items in the scale}) / (\text{Variance of Home Visitors} / \text{number of items in the scale})]$. If this proportion was greater or equal to one the Gulliksen's adjusted Cronbach alpha was used. When observing the calculations the researchers noticed that in situations where the proportion was less than one using the Gulliksen's adjusted Cronbach alpha equation did not improve the reliability of the scale.

Another aspect of this study was identifying the characteristics of Home Visitors who successfully recruited families that differed significantly from those who did not recruit families. These comparisons were done using two-sample, one-tailed t-tests. Before a t-test was performed, normality was determined for each scale using the Kolmogorov-Smirnov Test. Significant ($p < 0.05$) results for any of the

scales indicated that the data were not normally distributed. The homoscedastic *t*-test was used when the data were normal, and the heteroscedastic *t*-test was used when the data were not normally distributed. Significance was set at $P < 0.05$. Chi-Square tests were used to compare the proportion of white Home Visitors in each of the groups.

CHAPTER 4 RESULTS

Each Home Visitor completed a survey, which assessed their demographics, psychographic characteristics, lifestyle characteristics, health practices, and attitudes towards select parenting practices. The results of the survey were analyzed to describe the Home Visitors and to determine if there was a relationship between any of the measured variables and the success of recruitment of families into the HomeStyles program.

DEMOGRAPHIC CHARACTERISTICS

A total of 68 Home Visitors were recruited. A total of 55 (80.88%) Home Visitors completed the online survey.

As shown in Table 2, the average age of the Home Visitors who completed the survey was 33.98 ± 6.47 standard deviation (SD) years, with an age range of 23 to 46 years. The majority of the participants were female (95%, $n=53$). This is consistent with the Home Visitor population, which is typically composed of females. A plurality of the sample population was white (41%, $n=23$). The next largest ethnic group was Hispanic, who made up 36% of the sample ($n=20$) followed by Black or African American (20%). All participants had graduated from high school. The majority of participants had at least some college (93%) (Table 2).

Two-thirds were married or living with domestic partner ($n=37$). Of the participants who reported being married or living with a domestic partner, three-quarters of their spouse or partner had at least some college.

Table 2. Demographic Characteristics of Home Visitors (n=55)

Demographic Characteristics	n	%
Gender		
Male	2	3.64
Female	53	94.56
Race^a		
Hispanic, Latino, or Spanish	20	35.71
White	23	41.07
Black or African American	11	19.64
American Indian or Alaskan Native	1	1.79
Asian Indian	0	0
Asian (e.g., Japanese, Chinese, Korean)	1	1.79
Pacific Islander	0	0
Highest Level of Education		
Less than high school	0	0
High school graduate	6	10.91
Some college	13	23.64
Associates degree/ Technical school Graduate	6	10.91
Baccalaureate degree	21	38.18
Advanced college degree	9	16.36
Relationship Status		
Single, never married	14	25.45
Single, living with domestic partner	9	16.36
Married	28	50.91
Divorced	3	5.45
Widowed	1	1.81

a Percent exceeds 100% because Home Visitors were instructed to select as many races as applied to them

The Occupational Prestige Scale¹⁰⁶ was used to categorize the jobs of the Home Visitors' spouses. Of the thirty three spouses' occupations provided, 33% (n=11) had professional specialty occupations. An additional 18% (n=6) of the spouses held executive, administrative, and managerial positions. Four (4) of the spouses had occupations in sales (12%). The results can be seen in Table 3.

Household Food Shopping and Meal Preparation

When asked who in the household was responsible for food shopping and meal preparation, the vast majority (87%) indicated they had this responsibility (Table 4). One participant reported that their spouse or partner had this responsibility, one shared responsibility with his or her spouse/partner, and two participants indicated that someone else was responsible (e.g., their parents).

PSYCHOGRAPHIC CHARACTERISTICS

The psychographics studied included personality, lifestyle, and household characteristics. Personality characteristics included extroversion, flexibility/adaptability, ability to learn, conscientiousness, cultural awareness, need for cognition, self-control, interest in helping others/helping attitude, self-confidence, depression, and motivation/job importance. Lifestyle and household characteristics included stress, household dynamics, health practices, eating behaviors and mealtime dynamic.

Personality Characteristics

Means, standard deviations, ranges, and reliability coefficients for the personality characteristics are reported in Table 5. Unless otherwise indicated, all scales were 5 point Likert scales, with 5 reflecting the characteristic to the greatest extent.

Table 3. Education Level and Occupation of Home Visitors' Spouses

Spouses Characteristics	n	%
Highest Level of Education (n=37)		
Less than high school	1	2.70
High school graduate	8	21.62
Some college	13	35.14
Associates degree/ technical school graduate	4	10.81
Baccalaureate degree	5	13.51
Advanced college degree	6	16.22
Occupation^a (n=35)^b		
Executive, Administrative, and Managerial	6	18.18
Professional Specialty	11	33.33
Sales Occupations	4	12.12
Service Occupations Except Private Household and Protective	3	9.09
Precision Production, Craft and Repair	3	9.09
Transportation and Material Moving	1	3.03
Handlers, Equipment Cleaners, Helpers, and Laborers	1	3.03
Retired	3	9.09

^a Occupation category is presented according to the Occupational Prestige Scale¹⁰⁶.

^b 5 Home Visitors did not report their spouses' occupation

Table 4. Person in Control of Food Purchasing and Meal Service in Home Visitors' Households (n=55)

Person Responsible	n	%
Me	48	87.27
Partner/Spouse	4	7.27
Other (both partners, parents)	3	5.45

Table 5. **Psychographic Characteristics of Home Visitors (n=55)**

Characteristics	Mean	Standard Deviation	Minimum	Maximum	Reliability
Friendly/Extroverted^a	3.50	0.93	1.00	5.00	0.80
Flexible/Adaptable^b	3.44	0.82	1.00	5.00	0.66
Ability to Learn^c	4.37	0.47	2.33	5.00	0.70*
Conscientiousness^d	4.09	0.60	1.00	5.00	0.65
Cultural Awareness^e	4.06	0.54	1.80	5.00	0.72
Need for Cognition^f	3.72	0.77	2.00	5.00	0.78*
Self-control^g	3.52	0.82	1.33	5.00	0.59*
Interest in Helping People (Helping Attitude)^h	3.80	0.80	1.5	5.00	0.60
Confidenceⁱ	3.05	1.00	1.00	5.00	0.69
Depression^j	1.53	0.62	1.00	3.00	0.52*
Motivation/Job Importance^k	4.16	0.61	2.50	5.00	0.51

Possible score range 1 to 5 with 5 indicating the highest score for a characteristic.

^a Developed from the Global 3 personality test,⁵¹ the Big 45 Test,⁵² and Eysenck Personality Test⁵³

^b Developed from the Big 45 test⁵² and Global 3 personality test⁵¹

^c Wako et al²³ and Big 45 test

^d Developed from the Big 45 test⁵²

^e Horevitz et al⁴⁸ and Suh et al²⁵⁴

^f Developed from the Need for Cognition Scale (NCS)^{25,26}

^g Grucza et al.²⁷

^h Developed from the Global 3 Personality Test⁵¹

ⁱ Developed from the 16 factor Personality Test⁵⁶ and Eysenck Personality Test⁵³

^j Developed from the 2-item Patient Health Questionnaire⁵⁷

^k Developed from the Linder Employee Motivation Survey³⁰

* Gulliken's Adjusted Cronbach Alpha

Cronbach alpha scores ≥ 0.7 indicate good reliability, scores ≥ 0.6 indicate modest reliability, scores ≥ 0.5 indicate fair reliability and scores < 0.5 indicate poor reliability.

Extroversion. The average score on the Extroversion Scale⁵¹⁻⁵³ was $3.5 \pm 0.93SD$. Therefore this score indicated that Home Visitors somewhat agreed that they were able to approach people, start conversations, and were more outgoing than reserved. The Cronbach alpha score for this scale was 0.80 indicating the scale had a good level of reliability.

Flexibility/Adaptability. The average score on the *Flexibility/Adaptability Scale*^{51,52} was a $3.44 \pm 0.82SD$, indicating that the Home Visitors somewhat agreed they felt comfortable in unfamiliar situations, were not easily bothered by things, and tended not to get frustrated. The Cronbach alpha for this scale was 0.66 indicating that the scale had moderate reliability.

Ability to Learn. The mean score for the *Ability to Learn Scale*^{23,52} was $4.37 \pm 0.47SD$, indicating that the Home Visitors agreed to strongly agreed that they had the ability to learn new things, valued education, and enjoyed learning about health and well-being. Gulliksen's adjusted Cronbach alpha¹⁰⁴ for this scale was 0.70 indicating a good level of reliability.

Conscientiousness. The Home Visitors' mean Conscientiousness score ($4.09 \pm 0.06SD$) on the *Conscientiousness Scale*⁵² indicated that they agreed that they were able to set high standards for themselves and motivate themselves to achieve. The Cronbach alpha for this scale was 0.65 indicating moderate reliability.

Cultural Awareness. The Home Visitors had an average score of $4.06 \pm 0.54SD$ on the *Cultural Awareness scale*^{48,54}, which indicated they felt they understood and respected diverse cultures and were able to adapt when interacting with different cultural groups. The Cronbach alpha for this scale was 0.72, indicating the scale had good reliability.

Need for Cognition. The Home Visitors had an average score of $3.72 \pm 0.77SD$ on the *Need for Cognition Scale*.^{25,26} This indicates the Home Visitors like to engage in activities that made them think. The Gulliksen's adjusted Cronbach alpha of 0.78 indicates that the scale has good reliability.

Self-control. The Home Visitors had an average score of $3.52 \pm 0.82SD$ on the *Self-control Scale*²⁷. This indicates that the Home Visitors felt they were dependable and organized. Gulliksen's adjusted Cronbach alpha was 0.59 indicating that the scale was moderately reliable.

Interest in Helping Others/Helping Attitude. The Home Visitors had an average score of $3.80 \pm 0.80SD$ on the *Interest in Helping Others/Helping Attitude Scale*⁵¹. This indicates that the Home Visitors often think of others first and will do what they can to serve others. The Cronbach alpha of 0.60 indicates that this was a moderately reliable scale.

Self-Confidence. The Home Visitors had an average score of $3.05 \pm 1.00SD$ on the *Self-Confidence Scale*.^{53, 56} This indicates that the Home Visitors neither agreed nor disagreed that they get nervous often and second guess themselves. The Cronbach alpha of 0.69 indicates that the scale was moderately reliable.

Depression. This construct was assessed on a 4 point Likert type scale. The Home Visitors had an average score of $1.53 \pm 0.62SD$ on the *Depression Scale*⁵⁷. This indicates that the Home Visitors were not depressed, did not feel hopeless, and found pleasure in doing things. The Gulliksen's adjusted Cronbach alpha of 0.52 indicates that the scale had fair to poor reliability.

Motivation/Job Importance. The Home Visitors had an average score of $4.16 \pm 0.61SD$ on the *Motivation Job Importance Scale*³⁰. This indicates that the Home Visitors felt that the work they do is interesting and appreciated. The Cronbach alpha of 0.51 indicates that this scale had fair to poor reliability.

Lifestyle Characteristics

Means, standard deviations, ranges, and reliability coefficients for lifestyle characteristics including stress, and household factors are reported in Table 6 and 7. All scales were 5 point Likert scales, with 5 reflecting the characteristic to the greatest extent. Cronbach alpha scores ≥ 0.7 indicate good reliability, scores ≥ 0.6 indicate modest reliability, scores ≥ 0.5 indicate fair reliability and scores < 0.5 indicate poor reliability.

Role Overload Stress. The Home Visitors had an average score of $3.30 \pm 0.92SD$ on the *Role Overload Stress Scale*.^{59,60} This indicates that Home Visitors felt that they did not have too many demands on their time. The Cronbach alpha was 0.82 indicating that this scale had good reliability.

Time Stress. For time stress, the Home Visitors had an average score of $2.87 \pm 0.87SD$ on the *Time Stress Scale*.^{93,97} This score is slightly below the midpoint of the scale and indicates that the Home Visitors felt that they had adequate time to

Table 6. Lifestyle Characteristics of Home Visitors (n=55)

Characteristics	Mean	Standard Deviation	Minimum	Maximum	Reliability
Role Overload Stress^a	3.30	0.92	1.00	5.00fsl	0.82
Time Stress^b	2.87	0.87	1.50	4.50	0.60
Stress Under Control^c	2.81	1.17	1.00	5.00	--
Family Conflict and Cohesion^d	4.17	0.69	2.67	5.00	0.58
Household Organization^e	3.77	0.79	2.00	5.00	0.80*

Possible score range 1 to 5, with 5 indicating the highest score for a characteristic.

^a Role Overload questionnaire⁵⁹ and Cohen's Perceived Stress Scale.⁶⁰

^b Questionnaire to Assess Time Attitudes ⁹³ and the Food Related Lifestyle Questionnaire⁹⁷

^c Cohen's Perceived Stress Scale⁶⁰ and the Food Related Lifestyles Questionnaire⁹⁷

^d Items from the Family Environment Scale^{63,107}

^e Items from the Confusion, Hubbub and Order Scale (CHAOS)^{65,66}

* Gulliken's Adjusted Cronbach Alpha

-- Single item, reliability cannot be calculated

Table 7. Household Composition (n=55)

Number of people in Each Age Group per Household	Younger than 2 years	2-6 years	7-12 years	13-18 years	19-30 years	31-55 years	Greater than 55 years
0 People	49	44	38	34	26	16	40
1 Person	4	9	7	18	19	16	9
2 People	2	2	9	3	8	23	6
3 People	0	0	1	0	2	0	0
	Average	Standard Deviation					
Household Size	3.58	1.82					

complete all of their tasks. The Cronbach alpha of 0.60 indicates that this scale is moderately reliable.

Stress Under Control. The Home Visitors had an average score of $2.81 \pm 1.17SD$ on the *Stress Under Control Indicator Item*.^{60,97} This score is slightly below the midpoint and therefore indicates that the Home Visitors only slightly disagreed that they felt overwhelmed by their responsibilities and were able to control their stress levels.

Household Composition. Only 6 Home Visitors reported having children under the age of 2 years living in their homes and only 11 Home Visitors reported having children between the ages of 2 and 6 years living in their homes. These two age groups are the most similar to the ages of the *HomeStyles target children* that the Home Visitors work with regard to their usual work and with the HomeStyles project. The average size of a Home Visitor's household was $3.58 \pm 1.82SD$. Further information about the composition of Home Visitors' households can be found in Tables 6 and 7.

Family Conflict and Cohesion. The Home Visitors had an average score of $4.17 \pm 0.69SD$ on the *Family Conflict and Cohesion Scale*.^{63,107} This indicates that the Home Visitors' families got along well and did not fight often. The Cronbach alpha of 0.58 indicates that this scale is moderately reliable.

Household Organization. The Home Visitors had an average score of $3.77 \pm 0.79SD$ on the *Household Organization Scale*.^{65,66} This indicates that the Home Visitors tended to have calm households. The Gulliksen's adjusted Cronbach alpha of 0.80 indicates that this scale has good reliability.

Health Practices

Means, standard deviations, ranges, and reliability coefficients for health practices including physical activity and eating behaviors are reported in Tables 8 and 9. All scales were 4 point Likert scales (definitely false to definitely true) unless otherwise noted, with scores of 4 reflecting the characteristic to the greatest extent. Cronbach alpha scores ≥ 0.7 indicate good reliability, scores ≥ 0.6 indicate modest reliability, scores ≥ 0.5 indicate fair reliability and scores < 0.5 indicate poor reliability.

Sleep. Means, standard deviations, ranges, and reliability coefficients for sleep practices are reported in Table 8. Sleep time was reported in hours and minutes, and quality of sleep was reported on a 5 point scale (very poor to very good).⁶⁷ The Home Visitors had an average sleep time of 7hours and 20 ± 55 minutes SD. This indicates that, on average, the Home Visitors were getting enough sleep since recommendations for adult sleep time indicate that adults should get 7 to 9 hours of sleep each night.⁴¹ The Home Visitors had an average sleep quality score of 2.51 ± 0.92 SD. This indicates that the Home Visitors perceive their sleep quality to be fair.

Sedentary Activity. Means, standard deviations, and ranges for Home Visitors' screen time/sedentary activity can be found in Table 9. Screen time during meals and snacks was assessed on an 8 point scale (almost never to every day). Total screen time use was assessed in hours and minutes.

Home Visitors had a mean score of 3.89 ± 2.26 SD for TV use during meals and snacks. This indicated that Home Visitors have the TV on during meals and snacks about 4 days a week. Home Visitors had a mean score of 2.91 ± 2.15 SD for use of

Table 8. Home Visitors' Sleep Habits (n=52)^a

Sleep Habits	Mean	Standard Deviation	Minimum	Maximum
Hours of Sleep Per Day ^b	7hrs 20min	55 min	5hrs 15min	9hrs 30min
Perceived Sleep Quality ^{c,d}	2.51	0.92	1	5

Items are from the Pittsburgh Sleep Quality Index.⁶⁷

^a Three Home Visitors reported sleep times greater than 24 hours a day, those data were excluded from this analysis.

^b Home Visitors reported the average number of hours per night that they had slept in the past week. Answers were reported in hours and minutes.

^c Scores ranged from 1-5 with 1 indicating very poor 5 indicating very good.

^d n=55

Table 9. Home Visitors' Sedentary Activity/Screen Time

Screen Use	Mean	Standard Deviation	Minimum	Maximum
Screen Time During Meals and Snacks^a				
TV	3.89	2.62	1.00	8.00
Other Screen (e.g., Computer, Tablet, Smart phone)	2.91	2.15	1.00	8.00
Total Screen Time Use^b				
Screen Time Each Day	4hrs 28min	2hrs 59min	1hr	15hrs

Items in this scale were created *De Novo*.

^a Scores ranged from 1 to 6 with 1 indicating almost never and 6 indicating everyday.

^b Scores were reported in hours and minutes.

other screens (e.g., computers, tables, and smart phones) during meals and snacks. This indicated that Home Visitors use other screens during meals and snacks about 3 days a week. Home Visitors had a mean of 4 hours and 28 minutes \pm 2 hours and 59 minutes SD of total screen time use each day. This indicates that the average Home Visitor spends about four and a half hours watching TV, checking e-mails, using a tablet or using some other type of screen each day.

Importance Placed on Physical Activity. The Home Visitors had an average score of 3.62 ± 0.70 SD on the 5-point Likert-type *Importance of Physical Activity Scale*^{68,108} with answer choices ranging from strongly disagree to strongly agree. This indicates that the Home Visitors tended to agree that it was important to be physically active every day and tried to make sure that they make time to be physically active every day. Gulliksen's adjusted Cronbach alpha of 0.76 indicates that this scale has good reliability. The results can be seen in Table 10.

Dietary Intake. Average intake of each of the following categories, fruits, vegetables and fiber, dietary fat and beverages, can be found in Table 11. Within the table there is also an analysis of key nutrients provided by foods in these categories.

Fruits, Vegetables, and Fiber. The Home Visitors had an average intake of 4.09 ± 1.99 SD servings of fruits and vegetables daily on the Fruit Vegetable and Fiber Scale.⁷⁰ The 2010 Dietary Guidelines for American's recommendation is to fill half of your plate with fruits and vegetables at every meal, in numbers this is about 4 servings of fruits and 5 servings of vegetables each day. The Home Visitors' average intake provides adequate amounts of vitamin C and magnesium, but is lacking in

Table 10. Health Practices of Home Visitors (n=55)

Health Practices	Mean	Standard Deviation	Minimum	Maximum	Reliability
Physical Activity					
Importance Placed on Physical Activity ^a	3.62	0.70	1.67	5.00	0.76*
Eating Behaviors					
Emotional Eating ^b	1.95	0.75	1.00	4.00	0.79*
Eating Adventurousness ^c	1.84	0.78	1.00	4.00	0.76
Disinhibited Eating ^d	2.00	0.61	1.00	3.67	0.79*
Dietary Restraint ^e	2.44	0.62	1.0	3.52	0.67*
Family Meals					
Family Meal Atmosphere ^f	4.26	0.61	2.50	5.00	0.55*

Possible scoring range 1-5

^aImportance of Physical Activity questions.^{68,108}

^bThree Factor Eating Questionnaire's Disinhibited Eating Scale^{74,75}

^cThree-Factor Eating Questionnaire.^{74,75}

^dThree-Factor Eating Questionnaire's Dietary Restraint Scale.^{74,75}

^eTemperament Questionnaire and Food Neophobia Scale.^{76,109}

^fHealthy Home Survey⁸² and the Physical and Nutrition Home Environment Inventory⁸³

* Gulliken's Adjusted Cronbach Alpha

Table 11. Home Visitors' Dietary Intake Using Food Frequency Screeners (n=55)

Food Component	Average intake	Daily Reference Intakes ¹¹⁰ for females 19-45
<u>Fruits, Vegetables and Fiber^{a,d}</u>		
Fruits and Vegetables Servings	4.09 servings	4 fruits 5 vegetables (2010 DGA)
Vitamin C Intake (mg/day)	136.06	60 mg/day
Magnesium Intake (mg/day)	332.39	310mg/day
Dietary Fiber Intake (g/day)	15.85	25g/day
Potassium Intake (mg/day)	1071.88	1500mg/day
<u>Dietary Fat^{b,e}</u>		
Total Fat Intake (g/day)	84.83 g	--
Saturated Fat Intake (g/day)	20.91 g	As low as possible
Percent of Calories from Fat	23.83 %	20-35% of Kcals
Percent of Calories from Saturated Fat	5.88%	Less than 7% of Kcals ¹¹¹
Dietary Cholesterol Intake (g/day)	219.67 g	30g/day or less
<u>Sugar Sweetened Beverages^{c,e}</u>		
Sugar Sweetened Beverages Per Week	3.29	--
Calories	493.09	--
Sugar (g)	89.41g	Less than 25% of total Calories

^a10-Item Block Fruit- Vegetable- Fiber Screener⁷⁰

^b17-Item Block Dietary Fat Screener^{10,101}

^cItems from Block Kids' Scanner,^{70,71} Fast Food/ Beverage Screener,⁷² Block Fruit-Vegetable- Fiber Screener,⁷⁰ and Survey for College Students⁷³

^dAnswer options were Less than once a week, Once a week, 2 to 3 times a week, 4 to 6 times a week, once a day, 2 or more a day

^e Answer options were 1 time a month or less, 2 to 3 times a month or less, 1 to 2 times a week, 3 to 4 times a week, 5 or more times a week.

dietary fiber and potassium. The adequate amounts of these nutrients are based on the Dietary Reference Intakes (DRI) for women 19-45 years.

Dietary Fat. The Home Visitors had an average total fat intake daily of 84.83g of fat on the *Dietary Fat Scale*.^{10,101} This made up 32 percent of their total calories, which is within the recommendations for Calories from fat to make up about 20 to 35 percent of caloric intake.¹¹⁰ Saturated fat intake was about 21g per day, 24.65 percent of total fat intake and cholesterol intake was 220g. The recommendation based on the DRI for women 19 to 45 years is to keep cholesterol intake below 30g per day. The American Heart Association recommends maintaining intake of saturated fat Calories below 7 percent of total Calories.¹¹¹

Sugar Sweetened Beverages. The Home Visitors consumed an average of 3.29 sugar sweetened beverages each week on the *Sugar Sweetened Beverage Scale*.^{70,71 72 73} This resulted in the consumption of about 493.09 Calories and 89.41g of sugar from these beverages each week. Current recommendations suggest consuming less than 25 percent of total Calories from added sugars.¹¹⁰ If this is the only source of added sugar in the Home Visitors' diets they are well under that recommendation for added sugar.

Eating Behaviors. Home Visitors' eating behaviors were assessed using four scales. See Table 10.

Adventurous Eating. The Home Visitors had an average score of 1.84 ± 0.78 SD on the *Adventurous Eating Scale*.^{76,109} This indicated that the Home Visitors were not neophobic with regard to food and willing to try new foods. The Cronbach alpha of 0.76 indicates that the scale had good reliability.

Disinhibited Eating. The Home Visitors had an average score of $2.00 \pm 0.61SD$ on the *Disinhibited Eating Scale*.^{74,75} This score indicates that the Home Visitors were able to self-regulate their eating to keep intake under control. The Gulliksen's adjusted Cronbach alpha of 0.79 indicates that this scale was moderately reliable.

Dietary Restraint. The Home Visitors had an average score of $2.44 \pm 0.62SD$ on the *Dietary Restraint Scale*.^{74,75} This score indicates that the Home Visitors consistently hold back on food intake or avoid certain foods to avoid gaining weight. The Cronbach alpha of 0.67 indicates that this scale is moderately reliable.

Emotional Eating. The Home Visitors had an average score of $1.95 \pm 0.75SD$ on the *Emotional Eating Scale*.^{74,75} This indicates that the Home Visitors did not cope with feelings of loneliness, sadness, or anxiety by eating. Gulliksen's adjusted Cronbach alpha of 0.79 indicates that this scale had good reliability.

Family Meal Time Atmosphere. The Home Visitors had an average score of $4.26 \pm 0.61SD$ on the *Family Meal Time Atmosphere Scale*.^{82,83} This is a 5 point Likert-type scale (strongly agree to strongly disagree). This score indicates that Home Visitors felt that eating together as a family was not stressful and did not lead to arguments. Gulliksen's adjusted Cronbach alpha of 0.55 indicated that this scale had fair reliability.

ATTITUDES TOWARD SELECTED PARENT PRACTICES

Means, standard deviations, ranges, and reliability coefficients for attitudes towards select parenting practices including feeding practices, screen time practices, physical activity practices, physical and verbal engagement with children and

perception of child weight are reported in Tables 12-15. All scales were 5 point Likert scales unless otherwise indicated, with 5 indicating strongly agree. Cronbach alpha scores ≥ 0.7 indicate good reliability, scores ≥ 0.6 indicate modest reliability, scores ≥ 0.5 indicate fair reliability and scores < 0.5 indicate poor reliability.

Attitudes Toward Parent Feeding Practices

Parents' attitudes toward feeding practices including, pressuring and restriction and the use of overt and covert control were assessed. The results can be seen in Table 12. All items were scored on a 5 point scale with 5 indicating strongly agree.

Parent Feeding Behaviors (Pressuring Children to Eat Nutrient Dense Foods). The Home Visitors had an average score of $2.78 \pm 0.92SD$ on the *Pressuring Children to Eat Scale*.^{84,85,97,87,88,89} This score indicates that Home Visitors slightly disagreed that parents should pressure their children to eat fruits and vegetables and to drink milk. The Cronbach alpha of 0.68 indicates that the scale is moderately reliable.

Parent Feeding Behaviors (Restricting Child Intake of Low Nutrient Density Foods). The Home Visitors had an average score of $4.46 \pm 0.69SD$ on the *Restricting*

This indicates that Home Visitors felt parents should restrict the amount of sweets and salty snacks that their children eat. Gulliksen's adjusted Cronbach alpha of 0.68 indicates that the scale is moderately reliable.

Overt Parent Control of Amount of Food Child Eats. The Home Visitors had an average score of $2.61 \pm 0.81SD$ on the *Overt Parent Control of Amount of Food Child Eats Scale*.^{86,93,90} This indicates that the Home Visitors disagree that parents should

Table 12. Home Visitors' Attitudes Toward Feeding Practices (n=55)

Select Parenting Practices	Mean	Standard Deviation	Minimum	Maximum	Reliability
Feeding Practices					
Feeding Behaviors (Pressuring Children to Eat Nutrient Dense Foods) ^a	2.78	0.92	1.33	4.67	0.68
Feeding Behaviors (Restricting on Child Intake of Low Nutrient Density Foods) ^b	4.46	0.69	1.00	4.50	0.68*
Overt Parent Control of Amount Child Eats ^c	2.61	0.81	1.67	4.67	0.58*
Overt Parent Control of When Child Eats ^d	2.38	0.79	1.00	5.00	0.57*
Covert Parent Control of Child's Food Choices ^e	4.45	0.79	2.00	5.00	--
Instrumental feeding (Parents use of Food as a Reward for Children) ^f	1.95	0.73	2.33	5.00	0.66
Use of Non- Food Rewards for Children ^g	3.45	1.11	1.00	5.00	0.71

Possible scoring range 1-5

^{a, b} Parent Feeding Scale Questionnaire,⁸⁴ Overt/Covert Control Scale,⁸⁵ The Parent Dietary Modeling Scale,⁹⁷ The Caregiver Feeding Styles Questionnaire,^{87,88} and the Physical and Nutritional Home Environment Survey.⁸⁹

^c Items in this scale are based on the Parent Dietary Modeling Scale,⁸⁶ Child Feeding Questionnaire,⁹³ and FEEDS Survey.⁹⁰

^d Parental Feeding Questionnaire⁸⁴

^e Measure of Overt and Covert Control⁸⁵

^f Caregiver's Feeding Style Questionnaire^{87,88} and the Parental Feeding Styles Questionnaire.⁸⁴

^g Caregiver's Feeding Style Questionnaire^{87,88}

* Gulliken's Adjusted Cronbach Alpha

-- Single item, reliability cannot be calculated

Child Intake Scale.^{84,85,97,87,88,89}

allow children to decide how much food they eat. Gulliksen's adjusted Cronbach alpha of 0.58 indicates that the scale is fairly reliable, slightly less reliable than the researchers would have liked.

Overt Parent Control of When Child Eats. The Home Visitors had an average score of $2.38 \pm 0.79SD$ on the overt control of *Food Intake Timing Scale*.⁸⁴ This indicates that the Home Visitors disagree that parents should let their children decide when to have meals and snacks. Gulliksen's adjusted Cronbach alpha 0.57 indicates that the scale was fairly reliable.

Covert Parent Control of Child's Food Choices. The Home Visitors had an average score of $4.45 \pm 0.79SD$ on the *Covert Control of Food Intake Choices Scale*.⁸⁵ This indicates that the Home Visitors believe that parents should covertly control children's food intake by keeping foods that they would like their children to eat in a place that is easy for the child to access.

Instrumental Feeding (Parent Use of Food as a reward for Children). The Home Visitors had an average score of $1.95 \pm 0.73SD$ on the *Instrumental Feeding Scale*.^{84,87,88} This indicates that Home Visitors disagree that parents should use food as a reward to get their children to behave or to eat healthy foods. Gulliksen's adjusted Cronbach alpha 0.66 indicates that this scale is moderately reliable.

Parent Use of Non-Food Rewards for Children. The Home Visitors had an average score of $3.45 \pm 0.71SD$ on the *Parent Use of Non-Food Rewards for Children Scale*.^{87,88} This indicates that the Home Visitors somewhat agreed that parents should use non-food rewards to encourage their children to eat.

Attitudes toward Parent Screen Time Practices

Parenting practices related to screen time including, content children are allowed to view, talking with kids about what they see on TV, effects of TV on child learning and limiting of screen time were assessed. Most constructs were measured with a single indicator question. The results can be seen in Table 13. All items were scored on a 5 point scale with 5 indicating strongly agree.

Limiting Programming Content (Ads). The Home Visitors had an average score of $4.27 \pm 1.01SD$ on the *Limiting Programming Content of TV Ads Scale*.^{82, 83} This indicates that the Home Visitors agreed that parents should limit the number of TV commercials their children see.

Limiting Programming Content (Shows). The Home Visitors had an average score of $4.13 \pm 0.92SD$ on the *Limiting Programming Content of TV Shows Scale*.^{82, 83} This indicates that Home Visitors agreed that parents should limit the programs their children see to those made for children.

Talking with Preschoolers About What They See on TV, in Movies, Video Games, and Ads. Home visitors had an average score of $4.04 \pm 0.77SD$ on the *Talking With Kids About TV Scale*.^{82, 83} This indicates that Home Visitors believe that parents should talk to their children about the content they see on TV, in movies, in video games, and in advertisements. Gulliksen's adjusted Cronbach alpha 0.62 indicates that this is a moderately reliable scale.

TV's Effect on Child Learning (General). Home Visitors had an average score of $2.64 \pm 1.21SD$ on the *TV's Effect on Children's Learning Item*. This indicates that Home Visitors somewhat disagreed that children learn important life skills from TV.

Table 13. Home Visitors' Attitudes Toward Screen Time Practices (n=55)

Parenting Practice	Mean	Standard Deviation	Minimum	Maximum	Reliability
Screen Time Practices					
Limits on TV Ads ^h	4.27	1.01	1.00	5.00	--
Limits on TV Programming to That Made For Kids ⁱ	4.13	0.92	1.00	5.00	--
Talking With Kids About TV Programming ^j	4.04	0.77	2.00	5.00	0.62*
TV's Effect on Child Learning (Helps Kids Do Well In School) ^k	2.82	0.94	1.00	5.00	--
TV's Effect On Child Learning (Life Lessons) ^l	2.64	1.21	1.00	6.00	--
Type of TV Allowed (Endorsement of Educational TV) ^m	3.60	0.95	1.00	5.00	--

Possible scoring range 1-5

^{h, i, j} Healthy Home Survey⁸² and the Physical and Nutrition Home Environment Inventory.⁸³

^{k, l, m} Created *De Novo*

* Gulliken's Adjusted Cronbach Alpha

-- Single item, reliability cannot be calculated

TV's Effect on Child Learning (Helps Kids Do Well in School). Home Visitors had an average score of $2.82 \pm 0.94SD$ on the *TV's Effect on Children's Learning Item*. This score is slightly below the midpoint of the scale indicating that Home Visitors slightly disagree that watching TV can help children do better in school.

Limiting to Educational Programming. The Home Visitors had an average score of $3.60 \pm 0.95SD$ on the *Endorsement of Educational TV Item*. This indicates that Home Visitors slightly agree that parents should allow their children to watch only educational programs.

Attitudes toward Parent Physical Activity Promotion Practices

Means, standard deviations, ranges, and reliability coefficients for attitudes parent role modeling of sedentary and physical activity as well as parent encouragement of physical activity are reported in Table 14. All scales were 5 point Likert scales with 5 indicating strongly agree.

Parent Role Modeling (Sedentary Activity). The Home Visitors had an average score of $4.33 \pm 0.64SD$ on the *Parent Modeling Sedentary Behavior Item*.^{112,68,69} This indicates that Home Visitors believe that parents should not let their children see them spending a lot of time being sedentary.

Parent Role Modeling (Physical Activity). The Home Visitors had an average score of $4.58 \pm 0.44SD$ on the *Parent Modeling Physical Activity Scale*.^{112,68,69} This indicates that Home Visitors believe that parents should make sure their children see them being physically active. Gulliksen's adjusted Cronbach alpha 0.91 indicates that this scale has good reliability.

Table 14. Home Visitors' Attitudes Toward Parent Physical Activity Practices (n=55)

Parenting Practice	Mean	Standard Deviation	Minimum	Maximum	Reliability
Physical Activity Practices					
Importance of Modeling Sedentary Behaviors ⁿ	4.33	0.64	3.00	5.00	--
Importance of Modeling Physical Activity ^o	4.58	0.44	4.00	5.00	0.91*
Parent Child Co- Play Activity ^p	4.55	0.66	2.00	5.00	--
Encouragement of Children to be Physically Active ^q	4.65	0.51	3.00	5.00	0.62*
Importance of Physical Activity for Children ^r	4.75	0.44	4.00	5.00	--

Possible scoring range 1-5

n, o, p, q, r Physical and Nutritional Home Environment Inventory¹¹², the International Life Sciences Institute Phone Survey,⁶⁸ and the 11-Point Child Activity Index.⁶⁹

* Gulliken's Adjusted Cronbach Alpha

-- Single item, reliability cannot be calculated

Importance of Parent Child Co-play. The Home Visitors had an average score of $4.55 \pm 0.66SD$ on the *Parent Child Co-play Item*.^{112,68,69} This indicates that Home Visitors believe that it is important for parents to play actively with their children.

Encouragement of Physical Activity. The Home Visitors had an average score of $4.65 \pm 0.51SD$ on the *Encouragement of Children To Be Physically Active Scale*.^{112,68,69} This indicates that Home Visitors believe that it is important for parents to encourage children to play actively and to provide opportunities for physical activity. Gulliksen's adjusted Cronbach alpha 0.62 indicates that this scale is moderately reliable.

Importance of Physical Activity for Preschoolers. The Home Visitors had an average score of $4.75 \pm 0.44SD$ on the *Importance of Physical Activity for Children Item*.^{112,68,69} This indicates that Home Visitors believe that children should be active almost every day.

Engagement with Children

Means, standard deviations, ranges, and reliability coefficients for attitudes towards physical and verbal engagement with children are reported in Table 15. All scales were 5 point Likert scales with 5 indicating strongly agree.

Physical Engagement with Children. The Home Visitors had an average score of $4.89 \pm 0.31SD$ on the *Physical Engagement with Children Item*.⁹⁴ This indicates that Home Visitors believe it is important for parents to hug their children.

**Table 15. Home Visitors' Attitudes Toward Parent Engagement with Children
(n=55)**

Parenting Practices	Mean	Standard Deviation	Minimum	Maximum	Reliability
Physical and Verbal Engagement with Children					
Physical Engagement with Children ^s	4.89	0.31	4.00	5.00	--
Verbal Engagement with Children ^t	4.40	0.66	2.00	5.00	--

Possible scoring range 1-5

^{s, t} Home and Life Interview.⁹⁴

* Gulliken's Adjusted Cronbach Alpha

-- Single item, reliability cannot be calculated

Verbal Engagement with Children. The Home Visitors had an average score of $4.40 \pm 0.66SD$ on the *Verbal Engagement with Children Item*.⁹⁴ This indicates that Home Visitors believe that parents should talk to their children.

Child Weight Perceptions and Concerns

Means, standard deviations, ranges, and reliability coefficients for attitudes towards perception of children's weight and concern for child overweight risk are reported in Table 16. Identification of child's weight can be seen in Table 17. All scales were 5 point Likert scales with 5 indicating strongly agree. Cronbach alpha scores ≥ 0.7 indicate good reliability, scores ≥ 0.6 indicate modest reliability, scores ≥ 0.5 indicate fair reliability and scores < 0.5 indicate poor reliability.

Perception of Healthy Child Weights. The Home Visitors had an average score of $2.35 \pm 0.75SD$ on the *Perception of Healthy Child Weight Scale*.¹¹³ This indicates that the Home Visitors do not believe that it is healthy for a baby to be chubby and they do not think that babies will grow out of their chubbiness later in life. Gulliksen's adjusted Cronbach alpha 0.81 indicates that this scale has good reliability.

Identification of Healthy Childhood Weights. The Home Visitors were shown four *Child Weight Scales*.⁹⁵ Two the scales consisted of seven drawings of a young boy ranging from underweight to overweight and vice versa. The remaining two scales contained seven drawings of a young girl ranging from underweight to overweight and vice versa. For all scales, the mid-point of the scale (drawing 4) was a normal weight child. The Home Visitors were asked to identify the first image they thought showed a

Table 16. Home Visitors' Attitudes Toward Child Weight (n=55)

Child Weight	Mean	Standard Deviation	Minimum	Maximum	Reliability
Perception of Healthy Child Weight ^u	2.35	0.75	2.00	5.00	0.81*
Concern For Child Overweight Risk ^v	3.15	0.87	2.00	5.00	0.78*

Possible scoring range 1-5

^u Child Feeding Questionnaire,¹¹³ and created *De Novo*.

^v Items in this scale are created *De Novo*.

* Gulliken's Adjusted Cronbach Alpha

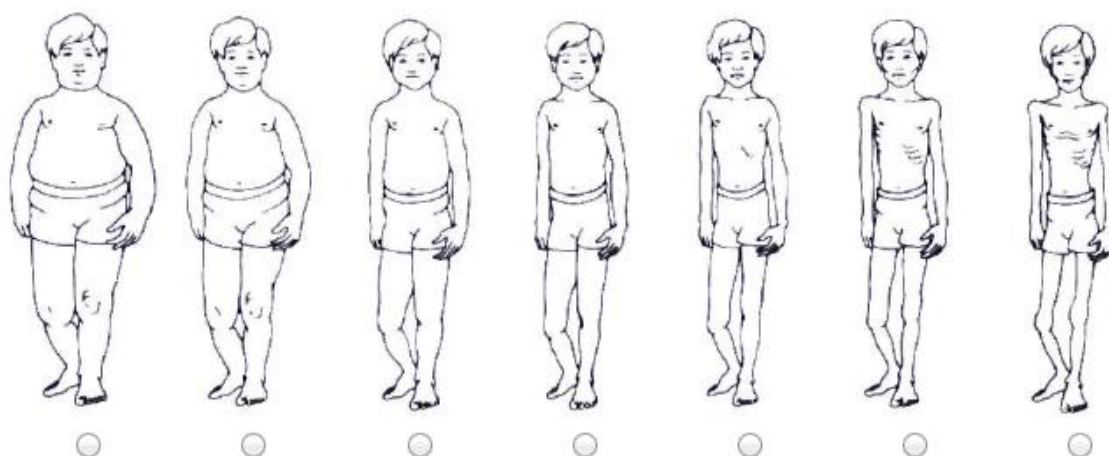
-- Single item, reliability cannot be calculated

Table 17. Home Visitors' Identification of Healthy Childhood Weights (n=55)

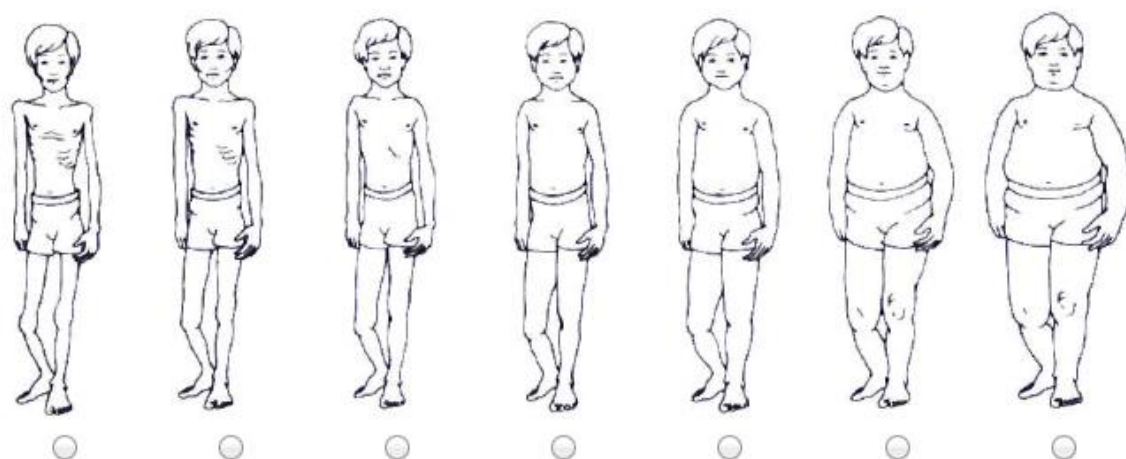
Image Scale	n	%
Boy		
Select the first picture that shows a child that you think is underweight.^a		
4 th Image	13	23.64
5 th Image	20	36.36
6 th Image	22	40.00
7 th Image	0	0
Boy		
Select the first picture that shows a child that you think is overweight.^b		
4 th Image	1	1.82
5 th Image	18	32.73
6 th Image	22	40.00
7 th Image	14	25.45
Girl		
Select the first picture that shows a child that you think is underweight.^c		
4 th Image	1	1.82
5 th Image	19	34.55
6 th Image	21	38.18
7 th Image	14	25.45
Girl		
Select the first picture that shows a child that you think is overweight.^d		
4 th Image	2	3.64
5 th Image	20	36.36
6 th Image	20	36.36
7 th Image	13	23.64

Items are from Collins Pictorial Instruments for pre- adolescent Children⁶
 Scores range from 1-7 with thinnest coded as "1", chubbiest as "7".

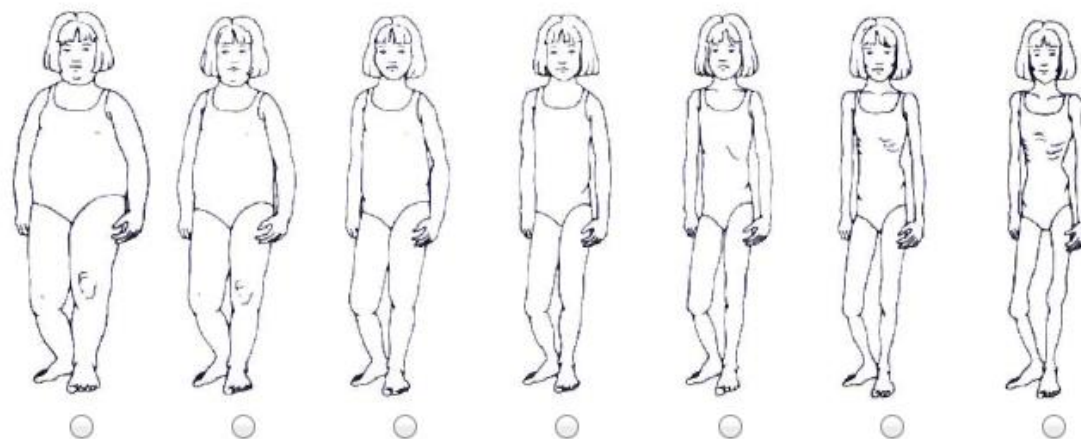
a



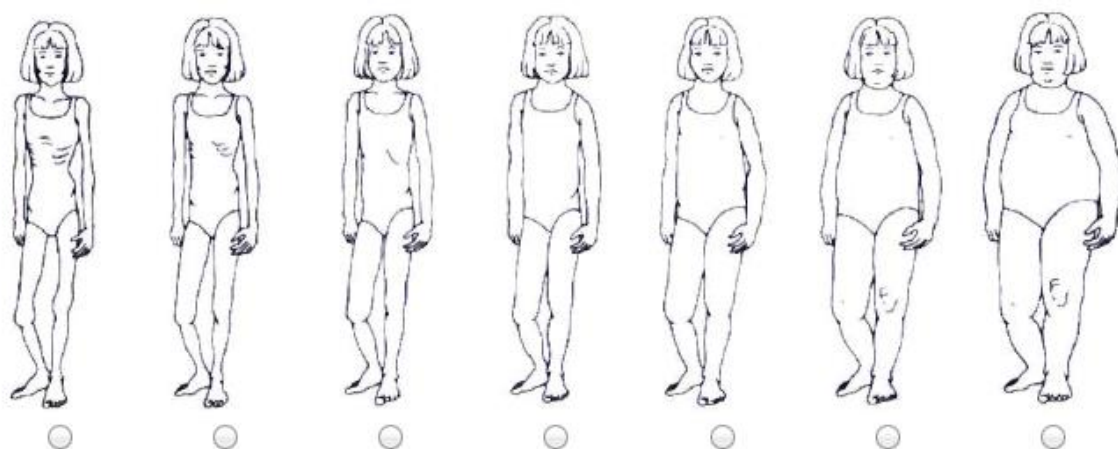
b



c



d



child who was overweight and the first child they thought was underweight for both the male and female scales. The results can be seen in Table 17.

Nearly one quarter of the Home Visitors selected the normal weight boy as being underweight whereas only one Home Visitor selected the normal weight girl as being underweight. In addition, no one selected the most severely underweight boy as the first child appearing to be underweight, yet one quarter of the Home Visitors selected the most severely underweight girl as the first child appearing to be underweight. This seems to indicate that the Home Visitors perceived the cut off between healthy weight and underweight to be lower for girls than for boys. In other words, the Home Visitors expected girls to appear skinnier before they were considered underweight than boys.

Food Access Policy Beliefs. The Home Visitors were given a list of foods in the *Food Access Policy Scale*^{66,75,64,42,71} and asked to identify which foods preschool children should be able to get as a snack without help. The results can be found in Table 18. The majority of Home Visitors (76%) felt that preschool children should be able to get fruits and vegetables without help. Some of the Home Visitors felt that children should be able to get milk (44%), real 100% fruit juice (42%), breakfast bars, granola bars, or protein bars (38%), and cereal (36%). Twelve (12) of the Home Visitors felt that preschool children should not be allowed to get any of the items listed without help (22%). None of the Home Visitors felt that children should be allowed to get chips, soda, cakes and other high sugar foods without help.

Table 18. Home Visitors' Food Access Policy Beliefs (n=55)

Foods That Preschool Kids Should Have Access To	n	%
Potato chips, popcorn, crackers, corn chips, like Doritos, tortilla chips, Fritos	0	0
Doughnuts, pastries, cookies, cake (like Ho-Hos)	0	0
Ice cream	0	0
Candy or candy bars	0	0
Milk	24	43.63%
Soft drinks and soda pop, like Coke or 7-Up	0	0
Fruit drinks or other sugary beverages	0	0
Real 100% juice, like orange, apple, grape	23	41.82%
Fruits or vegetables	42	76.36%
Cereal	20	36.36%
Breakfast bars, granola bars, protein bars	21	38.18%
Preschool kids should not be allowed to get any of these for a snack without a parent's help	12	21.81%

This scale was based on the Parent Dietary Modeling Scale,⁶⁶ the Child Feeding Questionnaire,⁷⁵ the Parental Feeding Questionnaire,⁶⁴ Measure of Overt and Covert Control,⁴² and the FEEDS Survey.⁷¹

Home Visitors selected all items they felt that preschool children should be able to access without help, therefore total in column "n" is greater than 55.

Weight Teasing

Means and standard deviations for Home Visitor's weight teasing experiences between the ages 5 and 16 are reported in Table 19. All scales were 5 point Likert scales.

Weight Teasing History. Results from the *Weight Teasing Effects Scale*⁹⁶ indicated that 25 of the Home Visitors reported being made fun of because of their weight (45%). Twenty-nine (29) Home Visitors reported being called names like "fatso" or "skinny" (53%). Twenty-four (24) Home Visitors reported being laughed at because of their weight (44%). The mean score of teasing frequency for those who were teased ranged from 3 to 3.28 for each of these three types of teasing indicating that the Home Visitors were sometimes teased about their weight when growing up.

Weight Teasing Effects.⁹⁶ The Home Visitors who were made fun of because of their weight had a mean score of $3.28 \pm 0.84SD$ indicating that being teasing about their weight upset them. The Home Visitors who were called names like "fatso" or "skinny" had a mean score of $3.28 \pm 0.49SD$ indicating that being called names upset them. The Home Visitors who were laughed at because of their weight had a mean score of $3.07 \pm .88SD$ indicating that being laughed at because of their weight upset them.

Concern for Child Overweight Risk. The Home Visitors had an average score of $3.15 \pm 0.87SD$ on the *Concern for Child Overweight Risk Scale*. This indicates that the Home Visitors slightly agreed that they are concerned that children they work with maybe at risk of becoming overweight and having to diet to maintain a healthy

Table 19. Home Visitor's Weight Teasing History and Effects (n=55)

Weight Teasing	# Teased	%	Mean^a	Standard Deviation^b	Minimum	Maximum
History^c						
Made Fun of Because of Your Weight	25	45.45	3.19	0.89	1.00	5.00
Called Names Like "Fatso" or "Skinny"	29	52.73	3.00	0.89	1.00	5.00
Laugh at Because of Your Weight	24	43.64	3.04	0.93	1.00	5.00
Effects^d						
Made Fun of Because of Your Weight, How Upset Were You?	36	65.45	2.83	1.21	1.00	5.00
Called You Names Like "Fatso" or "Skinny", How Upset Were You?	38	69.09	2.66	1.17	1.00	5.00
Laughed at Because of Your Weight, How Upset Were You?	35	63.64	2.49	1.34	1.00	5.00

The items are from the Assessment of body image disturbance.⁹⁶

^a Mean score excluding individuals who reported not being teased.

^b Standard deviation excluding individuals who reported not being teased.

^c Possible score range from 1-5 with 1 indicating never and 5 indicating very often.

^d Possible scores range from 1-5 with 1 indicating not at all upset, 5 indicating very upset and 5 indicating I was never teased because of my weight.

weight. Gulliksen's adjusted Cronbach alpha of 0.78 indicates that this scale has good reliable.

Beliefs about Family Meals

Means, standard deviations, ranges, and reliability coefficients for attitudes towards family meals are reported in Table 20. All scales were 5 point Likert scales with 5 indicating strongly agree.

Importance of Family Meals. The Home Visitors had an average score of $4.39 \pm 0.51SD$ on the *Importance of Family Meals Scale*.^{53,99,114} This indicates that Home Visitors believe that it is important for families to eat together and that it is worth the effort it takes to get families together. Gulliksen's adjusted Cronbach alpha of 0.54 indicates that this scale is fairly reliable.

Family Meal Planning. The Home Visitors had an average score of $3.95 \pm 0.89SD$ on the *Family Meal Planning Item*.^{99,114} This indicates that Home Visitors believe that families should plan their meals ahead of time and not just "go with the flow".

Importance of Family Meal Location (Fast Food). The Home Visitors had an average score of $4.49 \pm 1.07SD$ on the *Location of Family Meals Item*^{99,114} that related to eating at fast food restaurants. This indicates that Home Visitors agreed that families should not regularly eat at fast food restaurants.

Importance of Family Meal Location (TV). The Home Visitors had an average score of $4.55 \pm 0.79SD$ on the *Location of Family Meals Item*^{99,114} that related to eating in front of the TV. This indicates that Home Visitors believe that families should not eat their meals in front of the TV.

Table 20. Home Visitors' Beliefs about Family Meals (n=55)

Family Meals	Mean	Standard Deviation	Minimum	Maximum	Reliability
Importance of Family Meals^a	4.39	0.51	3.33	5.00	0.54*
Location Where Family Meal are Eaten (Fast Food)^b	4.49	1.07	1.00	5.00	--
Location Where Family Meal are Eaten (TV)^c	4.55	0.79	1.00	5.00	--
Family Meal Planning^d	3.95	0.89	2.00	5.00	--

Possible scores range from 1-5

^a Items are from Project EAT,^{99,114} and created *De Novo*.

^{b,c,d} Item used is from Project EAT.¹¹⁵

* Gulliken's Adjusted Cronbach Alpha

-- Single item, reliability cannot be calculated

Outcome Expectations of Healthy Behaviors

Means, standard deviations, ranges, and reliability coefficients for healthy eating and physical activity outcome expectations are reported in Table 21. All scales were 5 point Likert scales with 5 indicating strongly agree.

Healthy Eating. The Home Visitors had an average score of $4.48 \pm 0.56SD$ for the *Outcome Expectations of Healthy Eating Scale*.¹⁰¹ This indicates that the Home Visitors believe that healthy eating will have a positive impact on their physical and emotional well-being. The Cronbach alpha of 0.91 indicates that this scale had good reliability.

Physical Activity. The Home Visitors had an average score of $4.56 \pm 0.51SD$ for the *Outcome Expectations of Physical Activity Scale*.¹⁰¹ This indicated that the Home Visitors believe that being physically active will have a positive impact on their physical and emotional well-being. The Cronbach alpha of 0.95 indicates that this scale has a good reliability.

HEALTH PERCEPTIONS AND BEHAVIORS

Means, standard deviations, ranges, and reliability coefficients for health perception including nutrition knowledge, nutritional quality of diet, physical health, mental health and smoking are reported in Tables 22 and 23. Perception of general health, nutrition knowledge and overall nutritional quality of diet were measures on a 5 point scale, with 1 indicating very good and 5 indicating very poor. Items about mental and physical health and smoking were measured on a scale from 0 to 30 days.

Table 21. Home Visitors' Outcome Expectations of Healthy Eating and Physical Activity (n=55)

Health Behavior	Mean	Standard Deviation	Minimum	Maximum	Reliability
Healthy Eating	4.48	0.56	3.00	5.00	0.91
Physical Activity	4.56	0.51	3.25	5.00	0.95

Possible scores range from 1-5 with 5 indicating high outcome expectations.

Items are from the Determinants of Maternal Eating and Physical Activity Behavior scale.³¹

Table 22. Home Visitors' Personal Health (n=55)

Health Measure	Mean	Standard Deviation	Minimum	Maximum
Perceptions of Health^a				
Nutrition Knowledge	3.95	0.80	1.00	5.00
Nutrition Quality of Diet	3.42	0.81	1.00	5.00
Number of Days in The Past Month that Health Was Poor^b				
Physical Health	4.25	5.10	0	25
Mental Health	5.40	7.45	0	30
Mental and Physical Health	3.09	5.93	0	30

Items are from the Center for Disease Control and Prevention's Health- Related Quality of Life questionnaire.⁵⁶

^a Possible scores range from 1-5 with 1 indicating very good and 5 indicating very poor.

^b Answers are given in number of days in the last month that health was poor (0-30).

Table 23. Home Visitors' Smoking Habits

Smoking Habits	n	%
Smokers and Non-Smokers (n=55)		
Home Visitors Who do Not Smoke	50	90.91%
Home Visitors Who do Smoke	5	9.09%
Smoking Frequency in The Past Month (n=5)^a		
1-5 days	3	60%
26-29 days	1	20%
Everyday	1	20%

Items are from the Center for Disease Control and Prevention's Health- Related Quality of Life questionnaire.⁵⁶

^a Data from non- smokers is excluded

Nutrition Knowledge. The Home Visitors mean self-rating of their nutrition knowledge was $3.95 \pm 0.80SD$.¹⁰² This indicates that the Home Visitors felt that their nutrition knowledge was good.

Nutritional Quality of Diet. The Home Visitors had an average score of $3.42 \pm 0.81SD$ on the *Nutrition Quality of Diet Item*.¹⁰² This indicates that the Home Visitors felt that the nutritional quality of their diets was fair to good.

Physical Health. The Home Visitors had an average score of $4.25 \pm 5.10SD$ days on the *Physical Health Item*.¹⁰² This indicates that the Home Visitors had about four days in the past month during which they were sick or injured.

Mental Health. The Home Visitors had an average score of $5.4 \pm 7.45SD$ days on the *Mental Health Item*.¹⁰² This indicates that the Home Visitors had about 5 days in the past month during which they felt stressed, depressed or had other problems with their emotions.

Physical and Mental Health. When asked how many days in the past month their physical or mental health had prevented them from doing their usual activities Home Visitors had an average score of $3.09 \pm 5.93SD$ days on the *Physical and Mental Health Item*.¹⁰² This indicates that the Home Visitors experienced around three days in the past month during which their mental or physical health prevented them from going to work, taking care of themselves, or participating in other daily activities.

Smoking. The Home Visitors reported their smoking habits on the *Smoking Scale*.¹⁰² When asked if they were currently smokers 50 Home Visitors (90.91%) reported that they were not currently smoking, 5 Home Visitors (9.09%) reported

that they were smokers. Of those who did smoke, when asked on how many days in the past month Home Visitors had smoked, 3 Home Visitors (60%) reported smoking on 1 to 5 days in the past month. One Home Visitor (20%) reported smoking on 26-29 days of in the past month and 1 Home visitor (20%) reported smoking every day. These data can be seen in Table 23.

HOMESTYLES TRAINING SATISFACTION

Means, standard deviations, ranges, and reliability coefficients for satisfaction with the training they received related to HomeStyles are reported in Table 24.

Satisfaction with training items were reported on a five point scale, with 5 indicating strongly agree. When asked if they felt that HomeStyles would have a positive effect on the families involved the Home Visitors had a mean score of $4.40 \pm 0.71SD$ indicating that they strongly agreed that HomeStyles would have a positive effect on the families who participated. This item had the highest mean score of all of the satisfaction with training items. The Home Visitors were least satisfied with the length of the HomeStyles training, the mean score was $3.84 \pm 1.13SD$ indicating that the Home Visitors somewhat agreed that the length of HomeStyles training was just right. When asked to indicate their overall satisfaction with the HomeStyles training the Home Visitors had a mean score of 4.53 ± 0.63 indicating that the felt the training was very good. Finally, when all aspects of satisfaction with training were considered together the average score was 4.27 ± 0.16 indicating that the Home Visitors agreed that the training was good.

Table 24. Satisfaction with Training (n=55)

Item	Mean	Standard Deviation	Minimum	Maximum
I believe that the HomeStyles Program, when implemented correctly, will have a positive effect on the families involved.	4.40	0.71	2.00	5.00
I feel that my performance as a Home Visitor will influence the effectiveness of the HomeStyles Program.	4.27	0.71	2.00	5.00
I enjoyed attending the HomeStyles Training.	4.22	0.81	2.00	5.00
The HomeStyles Training was well organized.	4.25	0.67	2.00	5.00
The length of the HomeStyles Training was just right.	3.84	1.13	1.00	5.00
The HomeStyles Training provided me with the skills I will need to implement the HomeStyles program effectively.	4.35	0.64	2.00	5.00
I am comfortable with my knowledge of community resources.	4.31	0.63	2.00	5.00
I am confident in my ability to use HomeStyles Guides.	4.29	0.71	2.00	5.00
I am confident in my ability to answer questions families may have about HomeStyles.	4.24	0.72	2.00	5.00
I am comfortable with my knowledge of HomeStyles.	4.24	0.72	2.00	5.00
The HomeStyles Training provided me with the knowledge base I need to implement this program effectively.	4.31	0.69	2.00	5.00
The overall quality of the HomeStyles Training was ____.	4.53	0.63	3.00	5.00
Average Satisfaction	4.27	0.16		

RELATIONSHIPS BETWEEN HOME VISITOR CHARACTERISTICS AND RECRUITMENT SUCCESS

The relationships among Home Visitors' psychographic and demographic characteristics and their successful recruitment of families into the HomeStyles program were examined. The goal of this assessment was to determine the characteristics that differed between those who were successful at recruiting participants and those who were not. Successful recruitment was defined as having recruited one or more families into the HomeStyles program after training. Tests of significance (two-sample, 1-tailed t-tests) were used to determine significance differences ($P < 0.05$).

Demographic Characteristics

Demographic characteristics, including race, relationship status, highest level of education and age, were compared with recruitment success. The results can be seen in Table 25. The characteristics that differed significantly between successful ($n=15$) and unsuccessful ($n=40$) Home Visitors included highest level of education and age. Home Visitors who had successfully recruited families had a significantly ($p=0.02$) higher average education level ($5.00 \pm 1.07SD$) than those who were not successful ($4.18 \pm 1.41SD$). The Home Visitors' age also differed significantly ($p < 0.001$) between those who were successful and those who were not. The average age of the successful Home Visitors was 31.00 ± 8.26 years while for the unsuccessful Home Visitors it was higher, 39.90 ± 10.32 years. These data suggest that younger, more educated Home Visitors are more successful at recruiting families into the HomeStyles program.

Table 25. Demographic Characteristics and Recruitment Success (n=55)

Demographic Characteristics	HV With Recruits n=15		HV Without Recruits n=40		p-Value*
	Mean	Standard Deviation	Mean	Standard Deviation	
Highest Level of Education	5.00	1.07	4.18	1.41	0.02
Age	31.00	8.26	39.30	10.32	<0.001 [#]
	Total White HV	Total Non-White HV	Total White HV	Total Non-White HV	
Race (white vs. non- white)	7	8	16	24	0.66

*Two-sample, one-tailed *t*-test for homoscedastic data unless marked with # indicating a two-sample, one tailed *t*-test for heteroscedastic data was used. (P<0.05)

Proportion of White Home Visitors in each group were compared by chi-square. There was no significant difference in race between Home Visitors who recruited families and those who did not.

Psychographic Characteristics

Personality characteristics that differed significantly between the Home Visitors who had recruited and those who had not include cultural awareness and need for cognition (Table 26). Home Visitors who successfully recruited a HomeStyles family had a significantly greater cultural awareness indicating they understood and respected diverse cultures and felt able to adapt when interacting with different cultural groups more so than those who had not recruited participants. Home Visitors who had successfully recruited a HomeStyles family also had a significantly higher need for cognition score indicating that they were more likely to enjoy engaging in activities that made them think. Three other characteristics approached significance ($p < .10$). Home Visitors with recruits scored higher on Ability to Learn, Interest in Helping People, and Self Control. None of the lifestyle characteristics were significantly different between those who had successfully recruited participants and those who had not. See Table 26.

Lifestyle Characteristics

None of the lifestyle characteristics assessed by the survey differed between Home Visitors who recruited a HomeStyles family and those who did not. The results can be seen in Table 27.

Table 26. Psychographic Characteristics and Recruitment Success of Home Visitors (HV) (n=55)

Characteristic	HV With Recruits n=15		HV Without Recruits n=40		p- Value*
	Mean	Standard Deviation	Mean	Standard Deviation	
Friendly/Extroverted	3.11	1.25	3.64	0.74	0.30
Flexible/Adaptable	3.38	0.85	3.47	0.82	0.36
Ability to Learn	4.53	0.37	4.31	0.49	0.06 ⁺
Conscientiousness	4.20	0.49	4.05	0.64	0.21
Cultural Awareness	4.31	0.45	3.97	0.55	0.02
Need for Cognition	4.13	0.61	3.56	0.78	0.01
Self-control	3.376	0.89	3.43	0.79	0.10 ⁺
Interest in Helping People (Helping Attitude)	4.03	0.58	3.71	0.85	0.09 ⁺
Confidence	2.80	1.24	3.15	0.90	0.13
Depression	1.57	0.56	1.51	0.65	0.39
Motivation/Job Importance	4.20	0.53	4.15	0.64	0.39

*Two-sample, one-tailed *t*-test for homoscedastic data unless marked with # indicating a two-sample, one tailed *t*-test for heteroscedastic data was used. (P<0.05)

Table 27. Lifestyle Characteristics and Recruitment Success of Home Visitors (HV) (n=55)

Characteristic	HV With Recruits n=15		HV Without Recruits n=40		p- Value*
	Mean	Standard Deviation	Mean	Standard Deviation	
Role Overload Stress	2.60	0.76	2.74	0.98	0.31
Time Stress	2.77	0.82	2.91	0.90	0.29
Stress Under Control	1.43	0.73	1.40	0.53	0.43
Family Conflict and Cohesion	4.17	0.75	4.23	0.76	0.40
Household Organization	3.84	0.82	3.74	0.79	0.34

*Two-sample, one-tailed *t*-test for homoscedastic data unless marked with # indicating a two-sample, one tailed *t*-test for heteroscedastic data was used. (P<0.05)

Health Practices

Two eating behaviors were significantly different between the Home Visitors who had successfully recruited and those who had not: Disinhibited Eating and Dietary Restraint. Home Visitors who had recruited, had a significantly greater score on the Disinhibited Eating scale indicating they were less able to self-regulate their eating to keep intake under control. Home Visitors who had recruitment success also had significantly higher scores on the Dietary Restraint scale, indicating that successful Home Visitors are more likely to hold back on food intake or avoid certain foods to avoid gaining weight. The results can be seen in Table 28.

Sleep. There was no significant difference in Perceived Sleep Quality between Home Visitors who had recruited and those who had not. The results can be seen in Table 29.

Food Access Policy. There was no significant difference between the Home Visitors who recruited families and those who did not with regards to which foods they believed preschool children should have access to without help from an adult. The results can be seen in Table 30.

Weight Teasing. There was no significant difference in weight teasing effect between Home Visitors who had recruited and those who had not. This indicated that weight teasing effect does not play a role in determining the success of Home Visitors in recruiting families into the HomeStyles program. The results can be seen in Table 31.

Attitudes Toward Selected Parenting Feeding Practices. Perceptions of parent feeding practices that differed significantly between Home Visitors who had

**Table 28. Health Practices and Recruitment Success of Home Visitors (HV)
(n=55)**

Characteristic	HV With Recruits n=15		HV Without Recruits n=40		p- Value*
	Mean	Standard Deviation	Mean	Standard Deviation	
Physical Activity					
Importance Placed on Physical Activity	3.58	0.85	3.64	0.65	0.38
Eating Behaviors					
Emotional Eating	2.07	0.83	1.91	0.73	0.25
Eating Adventurousness	1.87	1.04	1.83	0.67	0.43
Disinhibited Eating	2.22	0.59	1.92	0.61	0.05
Dietary Restraint	2.68	0.65	2.35	0.59	0.04
Family Meals					
Family Meal Atmosphere	4.37	0.64	4.23	0.60	0.22

*Two-sample, one-tailed *t*-test for homoscedastic data was used.
($P < 0.05$)

Table 29. Home Visitor's Sleep Quality and Recruitment Success of Home Visitors (HV) (n=52)^a

Characteristic	HV With Recruits n=15		HV Without Recruits n=40		p-Value*
	Mean	Standard Deviation	Mean	Standard Deviation	
Perceived Sleep Quality	2.60	0.74	2.48	0.99	0.33

^a Three Home Visitors reported sleep times greater than 24 hours a day, those data were excluded from this analysis.

*Two-sample, one-tailed *t*-test for homoscedastic data was used.
($P < 0.05$)

Table 30. Home Visitors' Attitudes Toward Food Access Policies and Recruitment Success of Home Visitors (HV) (n=55)

Food item [^]	HV With Recruits n=15		HV Without Recruits n=40		p-Value*
	Mean	Standard Deviation	Mean	Standard Deviation	
Milk	0.36	0.50	0.48	0.51	0.23
Real 100% Fruit Juice	0.40	0.51	0.43	0.50	0.44
Fruit or Vegetables	0.80	0.41	0.75	0.44	0.35
Cereal	0.33	0.49	0.38	0.49	0.39
Breakfast Bars, Protein Bars, or Granola Bars	0.40	0.51	0.38	0.49	0.46

[^] None of the Home Visitors selected potato chips, popcorn, corn chips, or tortilla chips; doughnuts, pastries, cookies, or cakes; Ice cream; candy or candy bars; soft drinks; fruit drinks; or other sugary beverages as items that children should have access too.

*Two-sample, one-tailed *t*-test for homoscedastic data was used.
($P < 0.05$)

Table 31. Weight Teasing Effect on Home Visitors and Recruitment Success of Home Visitors (HV) (n=55)

Characteristic	HV With Recruits n=15		HV Without Recruits n=40		p-Value*
	Mean	Standard Deviation	Mean	Standard Deviation	
Teasing Effect	2.90	1.08	2.68	0.78	0.20

*Two-sample, one-tailed *t*-test for homoscedastic data was used.
($P < 0.05$)

recruited families and those who had not were Instrumental Feeding (Parent Use of Food as a Reward for Children) and Parent Use of Non-Food Rewards for Children. Home Visitors who had recruited successfully had a significantly lower score on the Instrumental Feeding scale; this indicated that Home Visitors who recruited successfully felt more strongly that parents should not use food as a reward. Home Visitors who had recruited successfully had a significantly ($p<0.001$) higher score (4.07 ± 0.82 SD) on the Non- Food Reward scale than Home Visitors who did not recruit (3.21 ± 1.13 SD) indicating they believed more strongly that parents should use something other than food to reward their children. The results can be seen in Table 32.

Attitudes toward Parent Screen Time Practices. Attitudes toward parent screen time practices that differed significantly between Home Visitors who had and had not successful recruited included limiting TV Advertisements and Limiting TV Programming to that Made for Kids. Home Visitors who were able to recruit families had significantly ($p=0.04$) higher scores (4.67 ± 0.62 SD) on the Limiting TV Advertisements scale compared to Home Visitors who did not successfully recruit families (4.13 ± 1.09 SD) and significantly ($p<0.001$) higher scores (4.67 ± 0.49 SD) on the Limiting TV Programming to that Made for Kids than those who had not recruited families (3.93 ± 0.97 SD). Results can be seen in Table 33.

Attitudes Toward Parent Physical Activity Practices. There were no significant differences on any scales assessing attitudes towards parent physical activity practices between Home Visitors who recruited families and those who did not. The results can be seen in Table 34.

Table 32. Home Visitors' Attitudes Toward Feeding Practices and Recruitment Success of Home Visitors (HV) (n=55)

Characteristic		HV With Recruits		HV Without Recruits		p-Value*
		n=15		n=40		
		Mean	Standard Deviation	Mean	Standard Deviation	
Feeding Practices						
	Feeding Behaviors (Pressuring Children to Eat Nutrient Dense Foods)	2.62	0.86	2.84	0.95	0.22
	Feeding Behaviors (Restricting on Child Intake of Low Nutrient Density Foods)	4.60	0.69	4.41	0.70	0.19
	Overt Parent Control of Amount Child Eats	2.58	0.82	2.63	0.81	0.42
	Overt Parent Control of When Child Eats	2.50	0.78	2.34	0.80	0.25
	Covert Parent Control of Child’s Food Choices	4.60	0.63	4.40	0.84	0.20
	Instrumental feeding (Parents use of Food as a Reward for Children)	1.60	0.64	2.08	0.73	0.02
	Use of Non- Food Rewards for Children	4.07	0.82	3.21	1.13	<0.001

*Two-sample, one-tailed *t*-test for homoscedastic data was used.
($P < 0.05$)

Table 33. Home Visitors' Attitudes Toward Screen Time Practices and Recruitment Success of Home Visitors (HV) (n=55)

Screen Time Practices	HV With Recruits n=15		HV Without Recruits n=40		p-Value*
	Mean	Standard Deviation	Mean	Standard Deviation	
Limits on TV Ads	4.67	0.62	4.13	1.09	0.04
Limits on TV Programming to That Made For Kids	4.67	0.49	3.93	0.97	<0.001
Talking With Kids About TV Programming	4.10	0.81	4.01	0.76	0.36
TV's Effect on Child Learning (Helps Kids Do Well In School)	3.07	1.03	2.73	0.91	0.12
TV's Effect On Child Learning (Life Lessons)	2.20	1.47	2.75	1.06	0.06 [†]
Type of TV Allowed (Endorsement of Educational TV)	3.87	0.99	3.50	0.93	0.11 [#]

[†] Approaching Significance

* Two-sample, one-tailed *t*-test for homoscedastic data unless marked with # indicating a two-sample, one tailed *t*-test for heteroscedastic data was used. (P<0.05)

Table 34. Home Visitors' Attitudes Toward Parent Physical Activity Practices and Recruitment Success of Home Visitors (HV) (n=55)

Physical Activity Practices	HV With Recruits n=15		HV Without Recruits n=40		p-Value*
	Mean	Standard Deviation	Mean	Standard Deviation	
Importance of Modeling Sedentary Behaviors	4.47	0.64	4.28	0.64	0.16
Importance of Modeling Physical Activity	4.60	0.43	4.58	0.45	0.43
Parent Child Co- Play Activity	4.67	0.49	4.50	0.72	0.21
Encouragement of Children to be Physically Active	4.77	0.42	4.60	0.53	0.14
Importance of Physical Activity for Children	4.87	0.35	4.70	0.46	0.11

*Two-sample, one-tailed *t*-test for homoscedastic was used.
($P < 0.05$)

Physical and Verbal Engagement with Children. Home Visitors who were able to recruit families did not differ from those who did not recruit in terms of their perceived importance of parental physical and verbal engagement with children. However, the differences in their scores for Verbal Engagement with Children approached significance with those who had successfully recruiting having higher scores on this scale. The results can be seen in Table 35.

Childhood Weight. The Perception of Healthy Child Weight and Concern for Child Overweight Risk did not differ significantly between the Home Visitors who recruited families and those who did not. The results can be seen in Table 36. This indicates that these two measures do not seem to influence the ability of a Home Visitor to recruit families into HomeStyles.

Family Meals. Differences in Home Visitors who had recruited and those who had not approached significance in their beliefs about family meals, with those who had recruiting families feeling more strongly that family meals should not be eating in front of the TV or be comprised of fast foods. Those who had recruited also felt more strongly that Family Meal Planning was important. The results can be seen in Table 37.

Outcome Expectations of Healthy Behaviors

The outcome expectations of healthy eating and physical activity did not differ significantly between the Home Visitors who successfully recruited families and those who had not. However, the difference in Healthy Eating scores

Table 35. Home Visitors' Attitudes Toward Parent Engagement with Children and Recruitment Success of Home Visitors (HV) (n=55)

Parenting Practices		HV With Recruits		HV Without Recruits		p-Value*
		n=15		n=40		
		Mean	Standard Deviation	Mean	Standard Deviation	
Physical and Verbal Engagement with Children						
	Physical Engagement with Children	4.93	0.26	4.88	0.33	0.27
	Verbal Engagement with Children	4.60	0.51	4.33	0.64	0.08 [†]

[†] Approaching Significance

*Two-sample, one-tailed *t*-test for homoscedastic data was used.
($P < 0.05$)

Table 36. Home Visitors' Attitudes Toward Child Weigh and Recruitment Success of Home Visitors (HV) (n=55)

Parenting Practice	HV With Recruits n=15		HV Without Recruits n=40		p-Value*
	Mean	Standard Deviation	Mean	Standard Deviation	
Perception of Healthy Child Weight	2.38	0.78	2.34	0.76	0.44
Concern For Child Overweight Risk	3.30	0.90	3.10	0.86	0.23

*Two-sample, one-tailed *t*-test for homoscedastic data was used.
($P < 0.05$)

Table 37. Home Visitors' Beliefs about Family Meals and Recruitment Success of Home Visitors (HV) (n=55)

Family Meals	HV With Recruits n=15		HV Without Recruits n=40		p- Value*
	Mean	Standard Deviation	Mean	Standard Deviation	
Importance of Family Meals	4.44	0.54	4.38	0.50	0.33
Location Where Family Meal are Eaten (Fast Food)	4.87	0.35	4.35	1.21	0.06 [†]
Location Where Family Meal are Eaten (TV)	4.80	0.41	4.45	0.88	0.07 [†]
Family Meal Planning	4.20	0.94	3.85	0.86	0.10 [†]

[†] Approaching Significance

*Two-sample, one-tailed *t*-test for homoscedastic data was used.
(P<0.05)

approached significance with scores for those who had recruited participants being higher. The results can be seen in Table 38.

Health Perception. Perception of personal health did not differ significantly between Home Visitors who recruited families and those who did not. This includes differences in perceived nutrition knowledge, perceived nutrition quality of diet, perceived physical health and perceived mental health. Results can be seen in Table 39.

Satisfaction with Training. Training Satisfaction did not differ significantly between the Home Visitors who recruited families and those who did not. The results can be seen in Table 40.

Table 38. Home Visitors' Outcome Expectations of Healthy Eating and Physical Activity and Recruitment Success of Home Visitors (HV) (n=55)

Health Behavior	HV With Recruits n=15		HV Without Recruits n=40		p- Value*
	Mean	Standard Deviation	Mean	Standard Deviation	
Healthy Eating	4.66	0.43	4.41	0.59	0.07 [†]
Physical Activity	4.67	0.55	4.52	0.50	0.18

*Two-sample, one-tailed *t*-test for homoscedastic data was used.
(P<0.05)

Table 39. Home Visitors' Health Perception and Recruitment Success of Home Visitors (HV) (n=55)

Perception	HV With Recruits n=15		HV Without Recruits n=40		p- Value*
	Mean	Standard Deviation	Mean	Standard Deviation	
Nutrition	2.00	0.93	2.08	0.76	0.38
Knowledge					
Nutrition Quality of Diet	2.60	0.83	2.58	0.81	0.46
Physical Health	4.20	6.12	4.28	4.76	0.48
Mental Health	7.33	8.80	4.65	6.88	0.12

*Two-sample, one-tailed *t*-test for homoscedastic data was used.
($P < 0.05$)

Table 40. Home Visitors' Satisfaction with Training and Recruitment Success of Home Visitors (HV) (n=55)

	HV With Recruits n=15		HV Without Recruits n=40		*p- Value
	Mean	Standard Deviation	Mean	Standard Deviation	
Satisfaction with Training	4.28	0.53	4.27	0.61	0.48

*Two-sample, one-tailed *t*-test for homoscedastic data was used.
($P < 0.05$)

CHAPTER 5 DISCUSSION

In this chapter the two research questions will be discussed followed by an overview of the limitations of the study. Finally, recommendations for future research will be made.

The goal of the study was to examine the demographic and psychographic characteristics of Home Visitors in the HomeStyles project. The survey data collected from the 55 Home Visitors was used to describe the demographic and psychographic characteristics of HomeStyles Home Visitors and to identify how Home Visitors who had successfully recruited families into the HomeStyles program differed from those Home Visitors who had not recruited families with regards to demographic and psychographic characteristics.

DEMOGRAPHIC CHARACTERISTICS

The majority of participants in the study were females; this is consistent with the gender distribution of PCA-NJ Home Visitors. The average age of the Home Visitors in the study (34 years) is also consistent with the PCA- NJ Home Visitor population, of which 51 percent of Home Visitors are between the ages of 25 and 39 years.¹¹ The racial/ethnic breakdown of participants differed slightly from the Home Visitors as a whole. Of the participating Home Visitors, 41 percent were White, 36 percent were Hispanic, and 20 percent African American. This differs slightly from the breakdown of the total Home Visitor population, 31 percent White, 42 percent Latino and 23 percent African American.¹¹ The education levels of the Home Visitors who participated were an accurate representation of Home Visitors as a whole. Of the participating Home Visitors, 10 percent had a high school degree

or GED, 11 percent had an associates degree, 20 percent had some college, 38 percent had a baccalaureate degree and 16 percent had an advanced college degree. This is compared to the breakdown of Home Visitors as a whole, 17 percent have a high school degree or GED, 10 percent have an associates degree, 43 percent have a bachelors degree, and 11 percent have an advanced degree.¹¹ The Home Visitors participating in this study were slightly more educated than Home Visitors as a whole.

Home Visitors who were able to recruit families into the program were significantly ($p < 0.001$) younger (31.00 ± 8.26 years) than Home Visitors who did not recruit families (39.90 ± 8.23 years). Nearly half of parents receiving home visits from PCA-NJ are between the ages of 20 and 29, another quarter of parents are between the ages of 30 and 45, and the remaining quarter are under the age of 20.¹¹ The Social Networks and Social Support Theory states that social support is most effective when it comes from someone who is socially similar.⁴⁷ It is possible that younger Home Visitors are better able to recruit families in to HomeStyles because they are more similar in age to the parents they are working with and are therefore better able to relate to the parents.

PSYCHOGRAPHIC CHARACTERISTICS

Some of the Home Visitors' personality and lifestyle characteristics differed significantly between those who successfully recruited families. Below, the findings from this study have been compared to findings in other studies identifying personality and lifestyle characteristics of paraprofessionals. Additionally, many of

the lifestyle characteristic findings from the current study were compared to recommendations for best practice based on research studies.

Personality Characteristics

Very little research has examined personality characteristics of Home Visitors or other peer educators with positions similar to those of Home Visitors. However, Wako et al.²³ compiled a ranked list of the top 37 traits that EFNEP state and county officials felt that their nutrition educators (paraprofessionals) should exhibit. Nine personality traits included in the EFNEP list were examined on the Home Visitor Personality survey. The EFNEP ranking of the nine traits from most important to least important is shown in Table 41. The Home Visitors' responses to the survey indicated how strongly they felt they exhibited specific character traits. The Home Visitors' average personality characteristic scores were rank ordered score highest to lowest. When the traits were ranked from those that the Home Visitors most strongly agreed they exhibit to those that they do not feel they exhibit, the order was very different from the order in which the EFNEP professionals had ranked the traits (see Table 41). This difference in ranking indicates that the traits exhibited by Home Visitors differ from the traits that the professionals perceived to be important. In one case two of the Home Visitor's traits fit under one of the EFNEP professionals' traits, this left one trait that was not covered in the EFNEP study, depression.

The difference in the rankings may be due to the differences in deriving the list of traits. The EFNEP professionals were asked to list and rank traits that they felt were important for paraprofessionals to exhibit²³ while the Home Visitors indicated

Table 41. EFNEP Professional Rankings of the Importance of Select Personality Traits Exhibited by Paraprofessionals Compared to Home Visitors Rankings of Their Own Personality Traits.

EFNEP Professional Ranking (out of 37) ^a	EFNEP Name of Trait	Home Visitor Name of Trait	Home Visitor Ranking (out of 10)	Mean Home Visitor Score
1	Dependable	Self- control	3	4.09
3	People Skills	Extroversion	7	3.50
7	Interest	Motivation/ Job importance	2	4.16
10	Flexibility	Flexibility	8	3.44
14	Helping attitude	Interest in Helping Others/ Helping Attitude	5	3.80
15	Desire to Learn	Ability to learn and	1	4.37
19	Work Ethic	Need for cognition	6	3.72
21	Cultural Awareness	Conscientiousness	4	4.06
22	Self- confident	Self Confidence	9	3.05

^a Data from Wkoul et al.{Wakoul, 2003 #1}

the extent to which they had the specific personality traits. The Home Visitors' mean score for each scale was used to determine a ranking for each trait.

Conscientiousness is one factor from the five factor model that has been associated with job performance.¹⁸ Conscientiousness was found to be positively associated with job performance for employees in a variety of fields. Specific personality traits associated with conscientiousness are persistence, planning, responsibility as well as being careful and hardworking.¹⁸ Based on these definitions, conscientiousness was compared with the EFNEP professionals' definition of dependability in the Wakou et al. study.²³ The EFNEP professionals ranked work ethic as the most important personality trait for EFNEP paraprofessionals. In the current study, the Home Visitors had an average score of 4.09 ± 0.82 SD on the conscientiousness scale, this indicated that the Home Visitors agreed they were conscientiousness. The Home Visitors who recruited families into HomeStyles did not differ significantly from Home Visitors who did not recruit families in terms of Conscientiousness.

It is possible that the items used to assess conscientiousness were not able to accurately encompass the wide variety of personality traits covered by this one personality factor. The variety of traits that are used to describe conscientiousness may make it difficult to establish a general understanding of what attributes conscientiousness includes.

Extroversion is another one of the five factors from the five factor model¹⁸, which has been shown to be associated with job performance. Cason et al. used the Myers- Briggs type indicator examine personality traits of EFNEP

paraprofessionals.¹¹⁴ They found that paraprofessionals who were extroverted were better able to instill positive behavior changes in the individuals they worked with when compared to paraprofessionals who were more introverted.¹¹⁴ Another study found that individuals in a job position that require social interaction, as required of a Home Visitor, are more successful if they are extroverted.¹⁸ The EFNEP professionals in the Wakou et al. study ranked extroversion as the third most important personality trait for EFNEP paraprofessionals to possess.²³

The Home Visitors in this study had an average score of 3.50 ± 0.93 SD on the Friendly/ Extroverted Scale, which indicates that the Home Visitors somewhat agreed that they were extroverted. Despite the findings of other studies, which indicated extroversion would be associated with success, the extroversion of Home Visitors who recruited successfully did not differ significantly from the Home Visitors who did not recruit families. It is possible that the benefits of extroversion may not be noticeable during the recruitment period, but may become apparent during initiation and maintenance of behavior change.

Although dependability and conscientiousness were the two personality traits that EFNEP professions believed to be the most important²³, the two personality traits Home Visitors scored highest on were ability to learn, and motivation/job importance. Ability to learn was compared to the EFNEP professionals' item, desire to learn, which was the fifteenth most important personality trait on their ranked list.²³ The paraprofessionals and the Home Visitors are not required to have knowledge of nutrition and health before beginning their

jobs. All information about health and nutrition is provided through in-service trainings. This necessitates the ability to learn from these trainings.

Motivation/Job importance was the second highest score in personality traits achieved by the Home Visitors. The Home Visitors had an average score of 4.16 ± 0.61 SD on the Motivation/Job Importance Scale. This trait was compared with the EFNEP professionals' item, interest, which the EFNEP professionals listed as the seventh most important trait. A study examining behavior change in EFNEP participants in New York State found that greater positive behavior changes were reported by EFNEP participants in sites where the paraprofessionals valued the EFNEP program and believed that the program was beneficial.²⁸ Although this trait appears to be important in determining behavior change success, in the current study it did not have a significant effect on ability to recruit as there was no significant difference between the Home Visitors who did recruit and those who did not in terms of their motivation or perceived job importance.

There was a large difference between the EFNEP professionals' ranking of cultural awareness and cultural awareness scores of the Home Visitors. The EFNEP professionals ranked cultural awareness as the twenty-first most important trait, however conscientiousness was the fourth highest personality trait score among Home Visitors with an average score of 4.06 ± 0.60 SD on the Cultural Awareness Scale. Even more surprisingly, cultural awareness was one of only two personality traits that differed significantly between Home Visitors who had recruited (4.31 ± 0.45 SD) and those who had not (3.97 ± 0.55 SD). Other studies found cultural awareness to be an important trait for both healthcare workers and peer

educators.^{23,48,54} The relatively low ranking of cultural awareness by the EFNEP professionals may be the result of low level rankings by EFNEP professionals living in rural areas with minimal cultural diversity. These low rankings may have lowered the overall ranking of this item. However, this is just speculation, information about area of employment of the EFNEP professionals was not available.

The other personality trait that differed significantly between Home Visitors who recruited families and those who did not was need for cognition. This item, along with ability to learn, was compared to the EFNEP professionals' item desire to learn. Need for cognition was the sixth highest personality trait score among the Home Visitors whereas EFNEP professionals ranked desire to learn as the fifteenth most important trait. Home Visitors who recruited families into HomeStyles had a significantly greater need for cognition than the Home Visitors who did not recruit families. Previous studies indicate that need for cognition is associated with general intelligence. There are also studies that show that individuals who have a need for cognition tend to be less close-minded.^{23,25,26} It is possible that the Home Visitors with an increased need for cognition were able to think creatively about how to recruit families into the program.

A total of ten personality characteristics were assessed in the current study. Interestingly the two traits that differed significantly between Home Visitors who recruited and those who did not, were traits found in the middle of the list (the fourth (4.06) and seventh (3.50) score ranking. It is possible that the top scoring traits, ability to learn, motivation/job importance, and conscientiousness, are important traits that most Home Visitors have. These may be traits that are

important for hire, or they may be traits that are commonly found in people who are drawn to this line of work. On the other hand the characteristics in the middle of the list may be present to a greater extent in some Home Visitors but not others. It is likely that these characteristics are where differences in success of Home Visitors stem from. Finally, the items at the bottom of the list, may be traits that do not play an important role in recruiting and therefore are not important traits for the Home Visitors to display when engaging in activities to recruit parents.

A possible explanation for the discrepancies between the EFNEP professional rankings and the rankings in the current study could be how the characteristics were identified. The EFNEP professionals were identifying traits for overall success as a paraprofessional while in the current study the traits identified were specific to recruitment success.

Lifestyle Characteristics

Previous studies have shown that high levels of stress can have negative impacts on job performance.^{32,33} Studies have shown that the home environment including family conflict and household organization can influence stress levels. Within the current study the Home Visitors were minimally stressed and had households that were organized and experienced minimal family conflict. Studies have shown that individuals who are under stress tend to be less sensitive to others. This is seen as a decreased interest in helping others, a decreased recognition of individual differences, and a decreased tolerance for frustration.³³ A helping attitude and cultural awareness are two important personality traits for Home Visitors and both traits appear to be inhibited by stress.³³ Additionally, stress has been shown to

impair sentence formation and verbal reasoning¹¹⁵ both of which are important skills for Home Visitors to have when they are teaching a family about health and nutrition. Some EFNEP programs have identified stress management as an important area of focus and have incorporated stress management sessions into in-service training. In Ohio, during an in-service training EFNEP paraprofessionals were asked to rate the importance of each training sessions. The paraprofessionals gave the stress management session an importance score of 2.9 out of 3. This suggests that the paraprofessionals consider stress management to be an important skill to develop.¹¹⁶

In the current study, the Home Visitors who did and did not recruit families did not differ significantly in terms of stress level or family conflict and household organization. It is possible that Home Visitors who are stressed are able to relate to the families they are working with. In many cases, the Home Visitors have previously interacted with the families they are trying to recruit into HomeStyles. It is possible that the stress level during these previous encounters, when developing rapport and establishing a relationship with the family, has a greater influence on recruitment success than the Home Visitor's stress level during recruitment.

Health Practices

Sleep is important for optimal job performance, weight control, disease prevention, memory formation, and prevention of depression.⁴¹ The average adult requires seven to nine hours of sleep each night.⁴¹ However, not all adults are getting enough sleep. A study by Lauderdale et al. found that, middle aged (38-50 years) White women slept an average of 6.7 hours each night and African American

women slept an average of 5.9 hours each night.¹¹⁷ The Home Visitors reported an average sleep time of 7 hours and 20 minutes \pm 55 minutes SD. The Home Visitor's reported sleep duration may be higher than the average durations from the Lauderdale study due to the method of data collection. In the Lauderdale study participants wore wrist bands which accurately measured the amount of time they were actually asleep during the night.¹¹⁷ The Home Visitors were only able to estimate the time they were asleep based on the time they fall asleep at night and the time they wake up in the morning. However, when asked to rate their sleep quality the Home Visitors had an average rating of "fair". This indicates that it is likely that the Home Visitors were experiencing some disturbance to their sleep. Despite the relationship between sleep duration and job performance and the focus on adequate sleep in the HomeStyles program, there was not a significant difference in sleep duration or quality between Home Visitors who recruited families into the program and those who did not.

The Home Visitors had an average intake of fruits and vegetables that met the 2010 Dietary Guidelines for Americans recommendation. However, the Home Visitors were not consuming adequate fiber or potassium. These two findings are in line with the average American. Fiber consumption in the United States has been consistently below the recommended levels.¹¹⁸ Potassium intake in the United States is also consistently below the recommended levels, increasing potassium, vitamin K and fiber intake is one of the goals of the Healthy People 2020 initiative.¹¹⁹ Potassium intake is particularly low in women in the United States.¹²⁰

The Home Visitors' total fat intake fell within the recommended range. However, they were exceeding the recommendations for saturated fat and cholesterol intake. Limiting saturated fat intake was one of the goals of the Healthy People 2020 initiative.¹¹⁹ NHANES data from 2005-2006 show that in the United States the most prevalent source of saturated fat in the diet was regular cheese and pizza.¹¹⁹ The Home Visitors were consuming pizza an average of nearly once a week and cheese products (not low fat) close to 2 to 3 times per week.

Added sugars contribute an average of 16 percent of the total Calories in the American diet. The major source of added sugar in the American diet is in the form of sugar sweetened beverages.¹¹⁹ The Home Visitor's had an average weekly intake of 89g of sugar from sugar sweetened beverages, which is equal to about two 12 ounce soft drinks.

Healthy eating is one of the main focuses of HomeStyles. There are several guides which focus on appropriate portion sizes, consuming adequate fruits and vegetables, and consuming breakfast every day. Due to the fact that the Home Visitors are responsible for disseminating the information about healthy food choices to the families, the researchers considered the possibility that their personal food intake practices may have an influence on their recruiting success. However, there was no significant difference in dietary intake between Home Visitors who recruited families and those who did not.

HomeStyles focuses on increasing time spent being physically active and decreasing the time spent participating in sedentary behaviors. Screen time is the main sedentary behavior addressed by HomeStyles. There are no current

recommendations for limits on sedentary or screen time for adults. However, those who watch TV for more than 4 hours a day have been seen to have an increase BMI even if they meet the recommendations for physical activity.^{121,122} The Home Visitors had an average screen time use of 4 hours and 28 minutes with a standard deviation of 2 hours and 59 minutes. Ideally the Home Visitors would have had a lower viewing time since they are the role models for HomeStyles families.

Screen time use during meals is another area of focus for HomeStyles. People who watch TV during meals tend to overeat and consume less healthy foods.^{74,75,77,80,81,123} The negative effects of eating in front of the TV will be further discuss in the Family meals section. Home Visitors watched TV during meals and/ or snacks on an average of 4 days each week. They used other screens (cell phones, computers, tablets) during meals and/or snacks on an average of 3 days each week. Ideally the Home Visitors would use screens during meals less often.

Physical activity is also important to health and weight management. Current recommendations state that adults should aim to be physically active for at least 30 minutes on most days. Physical activity has been shown to decrease the risk of developing many chronic diseases including heart disease and diabetes. It is also known to aid in weight maintainance.^{122,124} The Home Visitors had an average score of 3.62 ± 0.70 SD on the Importance Placed on Physical Activity Scale. This indicates that the Home Visitors tended to believe that physical activity is important. The Home Visitors' beliefs are in line with current research and recommendations for physical activity, but stronger beliefs would be ideal.

Disordered eating is regularly considered in young women. Recent studies have brought to light the frequency of disordered eating in middle age women. A study conducted on middle aged women (35-55 years) found that nearly 15 percent of the women had some form of disordered eating.¹²⁵ The causes of disordered eating in middle aged women are similar to those in adolescent girls and young women and include body dissatisfaction and increased BMI.¹²⁶ However, middle age women experience a few other triggers. Middle aged women are at a stage in their life where they must come to terms with their aging bodies. In many cases women continue to strive for the look of youth that is portrayed as ideal in the media.¹²⁶ Additionally, many middle aged women are experiencing menopause and all of the body changes, including weight gain, associated with it. A study conducted on middle aged women (35-55 years) found that nearly 15 percent of the women had some form of disordered eating.¹²⁶

Restrained, emotional, and disinhibited eating practices are considered to be disturbed eating behaviors.¹²⁷ Restrained eating is commonly associated with controlling body weight through restriction of intake. Restrained eaters tend to experience periods of disinhibited eating particularly when experiencing negative emotions.¹²⁸ Emotional eating is associated with responding to negative emotions by eating. This is an avoidance distraction method of coping.¹²⁹ Disinhibited eating is characterized by a temporary loss of control over eating behaviors. This can result in a period of overeating or binge eating.¹³⁰

The only health practices that differed significantly between Home Visitors who recruited families and those who did not were Dietary Restraint practices and

Disinhibited Eating practices. Home Visitors who had successfully recruited families had higher scores for both practices. High scores on the Dietary Restraint scale indicate that the Home Visitor is attempting to limit food intake amount or the intake of certain foods in order to avoid weight gain or to maintain their weight. This practice may indicate that the Home Visitor realizes that maintaining a healthy weight is important so they are taking action to do so. High scores on the Disinhibited Eating scale indicates that the Home Visitor tends to have limited control when it comes to food, this can result in over eating. While these behaviors may seem to contradict one another it is important to realize the behaviors can be occurring at different times.¹²⁸ A Home Visitor may practice dietary restraint by not purchasing “unhealthy” foods to keep at home, but the same Home Visitor may exhibit disinhibited eating while at a party and may end up overeating the same types of foods that he or she avoids bringing home.

Home Visitors with higher Disinhibited Eating and Dietary Restraint scores may be able to relate to families they are attempting to recruit. The families may be aware that many of the health behaviors promoted through HomeStyles are important practices for raising healthy children, much like the Home Visitors are aware of the importance of maintaining a healthy weight. Some of the parents may have attempted to make changes in the past; other families may be lacking the skills and resources they need to implement the behavior changes. Home Visitors who know it is important to maintain a healthy weight yet find themselves overeating on occasion can empathize more effectively with families who, despite knowing that

certain health behaviors are best for their child and family, have trouble practicing those positive health behaviors consistently.

However, previous studies have looked at the possible negative effects of nutrition education coming from individuals (such as health/physical education teachers) who are likely to experience disordered eating. These individuals may have poor nutrition and health practices that they pass along to the students they are educating.¹³¹ In the case of HomeStyles, Home Visitors who were teased about their weights when they were younger may have nutrition and health habits, which are not ideal. To prevent the Home Visitor's personal practices from being spread to HomeStyles families the Home Visitors are trained and learn about positive health practices, they are also provided with guides with reliable information to help them work with families.

ATTITUDES TOWARDS SELECT PARENTING PRACTICES

One of the benefits of using peer educators is the unique relationship between the "student" and "teacher". The peer educator, in this case the Home Visitor, acts as a friend to the parent while sharing health and nutrition information. This unique relationship can make it difficult for the Home Visitor to correct or critique the parent's behaviors. Peer educators are often members of the community and social groups where interventions are being implemented. This can make it difficult for the Home Visitors to separate themselves from the families they are working with.¹³

The Paraprofessional Program in Home Visitation 2000 outlined a variety of complications that resulted from the use of Home Visitors. The Home Visitors in this

program had difficulty sharing behavior modifications with families if they had limited personal experience with the behavior and when their understanding of the potential value of the behavior change was limited. The Home Visitation 2000 program reported incidences where Home Visitors were not sharing materials with mothers because the Home Visitor's themselves had not followed the teachings presented in the materials. The Home Visitors felt that their children had developed appropriately and therefore there was no need to concern the mothers they were working with, with the new information.¹³

The HomeStyles Home Visitors participated in training during which the scientific evidence behind each of the proposed behavior changes was explained. One of the goals of this training was to improve the Home Visitors' outcome expectations of the behavior changes in order to prevent situations that occurred in the Home Visitation 2000 program. However, there is still the possibility that personal beliefs and experiences can affect the Home Visitors ability to successfully recruit families and implement HomeStyles. A comparison of the Home Visitor's personal beliefs and current recommendations can be seen in Table 42.

Attitudes Toward Select Parent Feeding Practices

The findings of studies focusing on the effects of pressure to eat are varied. Some studies find that when children are pressured to eat their intake of fruits and vegetables decreases.^{84,132} Another study found that children consume less of the foods that they are pressured to eat.⁹¹ Additional research has shown that parents who pressure their children to eat tend to have leaner children.¹³³ Some studies have explained the leanness in children who are pressured by explaining that when

Table 42. Home Visitors' Attitudes Toward Select Parenting Practices and Comparison to Recommendations

Practice	HV With Recruits n=15		HV Without Recruits n=40	
	Mean	Comparison to Recommendations	Mean	Comparison to Recommendations
Feeding Behaviors				
Feeding Behaviors (Pressuring Children to Eat Nutrient Dense Foods)	2.62	=	2.84	=
Feeding Behaviors (Restricting on Child Intake of Low Nutrient Density Foods)	4.60	-	4.41	-
Overt Parent Control of Amount Child Eats	2.58	=	2.63	=
Overt Parent Control of When Child Eats	2.50	=	2.34	-
Covert Parent Control of Child's Food Choices	4.60	+	4.40	+
Instrumental feeding (Parents use of Food as a Reward for Children)	1.60	+	2.08	+
Use of Non-Food Rewards for Children	4.07	-	3.21	=
Screen Time Practices				

Limits on TV Ads	4.67	+	4.13	+
Limits on TV Programming to That Made For Kids	4.67	+	3.93	+
Talking With Kids About TV	4.10	+	4.01	+
Programming TV's Effect on Child Learning (Helps Kids Do Well In School)	3.07	=	2.73	-
TV's Effect On Child Learning (Life Lessons)	2.20	-	2.75	=
Type of TV Allowed (Endorsement of Educational TV)	3.87	+	3.50	=
Physical Activity Practices				
Importance of Modeling Sedentary Behaviors	4.47	+	4.28	+
Importance of Modeling Physical Activity	4.60	+	4.58	+
Parent Child Co- Play Activity	4.67	+	4.50	+
Encouragement of Children to be Physically Active	4.77	+	4.60	+
Importance of Physical Activity for Children	4.87	+	4.70	+

Engagement with Children Practices				
Physical Engagement with Children	4.93	+	4.88	+
Verbal Engagement with Children	4.60	+	4.33	+
Family Meal Practices				
Importance of Family Meals	4.44	+	4.38	+
Location Where Family Meal are Eaten (Fast Food)	4.87	+	4.35	+
Location Where Family Meal are Eaten (TV)	4.80	+	4.45	+
Family Meal Planning	4.20	+	3.85	+

+ Home Visitor's beliefs are in line with current research and recommendations

= Home Visitor's beliefs neither strongly agree nor disagree with current research and recommendations

- Home Visitor's beliefs are not in line with current research and recommendations

children are lean parents feel they need to pressure them to eat because they are concerned they are underweight or because they child does not eat without being prompted, whereas, when children are heavy parents do not feel they need to make their child eat because they do so on their own.¹³⁴

Home Visitors had an average score of $2.7 \pm 0.92SD$ on the Pressure to Eat Scale. This indicates that the Home Visitors slightly disagreed that parents should pressure their children to eat. Ideally the Home Visitors would have strongly disagreed with parental pressuring to eat. The Home Visitors who recruited successfully, and those who did not, did not have significantly different scores on the Pressure to Eat Scale.

Parents tend to restrict their child's intake when they perceive their child as being at risk for becoming overweight or for developing eating problems, or when the parent has difficulty regulating their food intake and they believe their child does as well.¹³⁵ Parental restriction, can inhibit a child's ability to self-regulate their intake using internal hunger and satiety cues. Studies show that when mothers restricted their daughters' intake, the daughters were less able to adjust their intake in response to variations in the energy density of foods. The same daughters also had an increased consumption of palatable snacks when they were made available in comparison to daughters whose intake was not restricted.¹³⁶ Increased restriction is also related to a higher BMI in children.¹³⁷ In another study, the majority of young girls reported experiencing periods of disinhibited eating when they had access to palatable foods. These young girls reported that their behavior was related to the perception of having restrictions placed on their intake by their

parents. Interestingly, the same study found that 63 percent of the girls felt that their intake was being restricted by their parents, but only 51 percent of parents felt that they were restricting their child's intake.¹³⁸

Home Visitors had an average score of $4.46 \pm 0.69SD$ on the Restriction Scale. This indicates that Home Visitors feel that parents should restrict children's intake of sweet and salty snacks. While it is important for a child's intake of sweets and salty snacks to be limited, it is important that children do not feel that their intake is being restricted. This is where the concept of overt vs. covert control becomes important.

Too much control from a parent can diminish a child's ability to self-regulate their intake using internal cues of satiety and hunger.¹³⁹ Some studies indicate that high levels of parental control are linked to a decreased BMI in children⁸⁴ and others find that level of control does not have an effect on BMI.^{105,135} Still other studies find that the mother's BMI influences how the child's BMI will be affected by parental control. In cases where the mother's BMI was greater, the child's BMI increased with increasing levels of control.¹⁴⁰ The differences in the effects of control may be due to the differences in the methods of control.

Overt control can be detected by a child, while covert control cannot be detected by the child.⁸⁵ Examples of overt methods of control are parents making a child clear his or her plate before leaving the dinner table, or a parent telling a child that he or she is not allowed to have a cookie. Examples of covert control methods would be placing cut up fruit at the child's eye level in the refrigerator, making it an easy snack option for the child, or not buying cookies to keep in the house. Covert

control is the ideal form of control. Studies have found that covert control leads to a decreased intake of unhealthy snack foods.⁸⁵

The Home Visitor's attitudes towards three different types of control were measured. Home Visitor's had an average score of $2.61 \pm 0.81SD$ on the *Overt Parent Control of Amount of Food Child Eats Scale*. This indicates that the Home Visitors felt that parents disagreed that their children should decide how much food to eat. Home Visitors had an average score of $2.38 \pm 0.79SD$ on the *Overt Parent Control of When Child Eats Scale*. This indicates that the Home Visitors disagreed that parents should let their children decide when to have meals and snacks. Finally, the Home Visitors had an average score of $4.45 \pm 0.75SD$ on the *Covert Control of Child's Food Choices Scale*. This indicates that the Home Visitors strongly believed that parents should covertly control the types of food their children are eating.

Ideally the Home Visitors would have higher scores on the *Overt Parent Control of Amount of Food Child Eats Scale* and the *Overt Parent Control of When Child Eats Scale*. This would have indicate that the Home Visitors felt that parents should allow their child to decide how much to eat (avoiding pressuring and restricting), and when to eat, which are recommended child feeding practices. The Home Visitors did feel that parents should use covert methods of control to improve their child's intake of healthy foods, which is ideal.

Use of food rewards and non-food rewards is a tactic commonly employed by parents. Usually these methods are used to increase the child's consumption of nutrient dense foods. The use of food as a reward (or withholding it as a punishment) is known as instrumental feeding. Unfortunately the use of

instrumental feeding leads to children associating food and eating with cues other than hunger, this can interfere with the child's ability to regulate food intake based on internal cues of hunger and satiety.¹⁴¹ Simple exposure to a food on multiple occasions has been shown to increase preference for the food and consumption of the food more effectively than using rewards.¹⁴¹ Several studies have shown that using a food reward to increase consumption of a food or beverage decreases the child's preference for the item they are being rewarded for consuming and increases their preference for the item being used as the reward.^{142,143} This indicates that use of instrumental feeding can lead to decreased preference for nutrient dense "healthy" foods.¹⁴² This is explained by the Over Justification Theory, which states that offering a reward for an action results in a decreased preference for the behavior the child was rewarded for completing.¹⁴⁴ The Over Justification Theory can also be applied to the use of non-food rewards. Research indicates that when children are rewarded for consuming foods with non-food rewards their preference for the food item is decreased while their preference for the reward does not change.¹⁴⁵

Home Visitors had an average score of $1.95 \pm 0.73SD$ on the *Instrumental Feeding Scale*. This indicates that the Home Visitors did not believe parents should use food as a reward. The Home Visitors' views on this topic are in line with current recommendations from child feeding experts, which discourages the use of instrumental feeding.

Home Visitors had an average score of $3.45 \pm 0.71SD$ on the Use of Non-food Rewards Scale. This indicates that the Home Visitors somewhat agreed that parents

should use non-food rewards to increase their child's intake of nutrient dense foods. Ideally the Home Visitors would have a lower score on this scale indicating that they did not feel that parents should use non-food rewards to increase their child's healthy food intake. The use of non-food rewards are preferred over food rewards. However, use of non-food rewards may still result in overeating (this is a form of pressure to eat), and decreased preference for the food being consumed.

The parenting practices related to feeding that differed significantly between Home Visitors who recruited families and those who did not were Instrumental Feeding (Parent Use of Food as a Reward for Children) and Parent Use of Non- Food Rewards. Home Visitors who successfully recruited families believed that parents should not use food as a reward and instead felt that parents should use something other than food to reward their children.

The results indicate that the beliefs of Home Visitors who recruited families into HomeStyles were more closely aligned with recommendations made by child feeding experts based on research findings.^{84,93,112,136,141-143,145} It is possible that the Home Visitors whose attitudes did not align closely with current child feeding recommendations, which are used in HomeStyles, may have been less likely to promote the program and put less effort into recruiting families into the program.

Attitudes Toward Selected Parenting Screen Time Practices

There are a few different screen time practices that parents have control over. Parents can regulate the amount of time their children spend watching television, the content of the programs they watch, and parents can talk to their

children about the content seen on TV. Each of these practices can alter the effect that television viewing has on a child.

The American Academy of Pediatrics recommends that children above the age of two limit their screen time to two hours or less each day.⁴³ A study by Jordan and colleagues found that most parents have guidelines for TV viewing in their homes, but few have guidelines for that amount of time that TV can be viewed. When asked about the two hour time limit recommendation most parents felt it was reasonable, however the researchers also found that most parents did not feel that the recommendations should apply to their child. The parents felt that their children were not overweight and were not “couch-potatoes” therefore they could watch more than two hours of TV without negative consequences.¹⁴⁶ The American Academy of Pediatrics has established the two hour guideline in response to findings that excessive screen time is related to attention problems; difficulty in school; sleep and eating disorders; and obesity.¹⁴⁷

Many parents of preschool children see television as an important learning tool, which aids in a child’s development.^{146,148} The research on this topic is conflicted. Some studies have found that there is no significant relationship between TV viewing and video game use and attention problems or grade point average (GPA).¹⁴⁹ Other studies find that increased exposure to television (greater than four hours per day) is associated with negative effects on reading scores.¹⁵⁰ Negative effects of TV on learning are often attributed to the displacement effect, which suggests that TV viewing is replacing other activities including leisure reading, which have a positive effect on learning.

It is possible that some of the discrepancies in the research stem from the variety of television content available. Many shows developed for young children can be considered educational. These shows have different, more positive outcomes, compared to non-educational programming.^{151,152} Non-educational TV has been shown to increase aggressive behavior and decrease academic achievement.¹⁵²⁻¹⁵⁴ Educational TV shows such as Sesame Street, Mr. Rogers Neighborhood, and Dora the Explorer, have been shown to improve reading and language skills, improve knowledge, positively affect racial attitudes, increase imaginativeness, and improve social skills.^{151,155} Many educational shows made for kids are developed to increase the child's readiness for school by introducing the child to numbers, letters, and words.¹⁵⁵ There is also a focus on development of social skills. Sesame Street episodes address topics such as race relations, dealing with death and love, marriage and pregnancy.¹⁵¹ While these episodes do improve a child's understanding of the topics, ideally parents should use the content presented in the episode as a spring board for their own discussion with their child based on the family's cultural and religious beliefs. While educational programs may be beneficial to children they should not serve as a replacement for social interactions and attention from parents.¹⁵¹

Home Visitors had an average score of $2.64 \pm 1.21SD$ on the *TV's Effect on Child Learning (General) Scale*. This indicates that the Home Visitors slightly disagree that children can learn life skills from TV. Research has shown that children learn about social interactions from educational television shows, but not

from non-educational programs. The item used to assess this construct did not differentiate between educational and non-educational programs.

Home Visitors had an average score of $2.82 \pm 0.94SD$ on the *TV's Effect on Child Learning (Helps Kids Do Well in School) Scale*. This indicates that the Home Visitors slightly disagreed that TV viewing could help a child do well in school. Educational programs have been shown to improve preparedness for school, however, non-educational programs have not been shown to have these positive effects.

The different effects that educational and non-educational programming have on children make it important for parents to limit the shows their children see to educational programs made for children. The violence and aggressive content found in programs made for adults can have negative effects on young children.^{153,154} Research indicates that parents are aware of the importance of restricting the content their child sees to content made for children. This is evident in the research by Jordan and colleagues, which indicates that the content related rules are the most common TV related rules set by parents.

Home Visitors had an average score of $4.13 \pm 0.92SD$ on the *Limiting Program Content (Shows) Scale*. This indicates that Home Visitors agreed that parents should limit the programs that their children view to those made for kids. The Home Visitors' views on the subject are in line with current recommendations made by child development experts based on current research.^{153,154}

Another concern related to limiting content seen by children is limiting the number of advertisements children see. During after school and Saturday morning

programming times (when child viewing is highest), 91 percent of commercials advertise high sugar, fatty, or snack foods.¹⁵⁶ The two food items most commonly advertised to children are sugared cereals and high energy snacks. The more exposure children have to these commercials, the more likely they are to prefer these foods and the more likely they are to request that their parents purchase the items in the advertisements.^{77,157} High levels of exposure to advertisements is also related to an increased energy intake.^{77,158} Parents report awareness of the connection between advertising of non-food items (such as toys) and child requests for the items. However, they are not aware of the connections between advertisements for food and children's requests. This may explain why parents do not feel the need to limit the number of TV commercials their children see.

Home Visitors had an average score of $4.27 \pm 1.01SD$ on the *Limiting Program Content (Advertisements) Scale*. This indicates that the Home Visitors believed that parents should limit the number of TV commercials their children see. The Home Visitors' beliefs are in line with current recommendations made by child development experts based on present literature.^{77,157}

Talking to children about the content they are exposed to in TV programs, advertisements, videos, and video games can be beneficial to the child. Many parents report watching TV together as an important family activity.¹⁴⁶ Parent-child co-watching TV allows the opportunity for parents and children to discuss what is seen on TV. Talking with children about what they see on TV has been shown to improve child learning from TV. Talking with children has also been shown to decrease child's fear of violent scenes.¹⁴⁶ Additionally, parents who made positive

comments about food commercials while watching with their child were able to reduce their child's preference for snacks with added sugars.⁷⁷

Home Visitors had an average score of $4.04 \pm 0.77SD$ on the *Talking with Preschoolers about What They See on TV, in Movies, Video Games, and Advertisements Scale*. This indicates that Home Visitors believe that parents should talk to their children about the content they are exposed to. This is in line with current recommendations made by child development experts.¹⁴⁶

Home Visitors who recruited families and those who did not also differed in their attitudes towards limiting the number of TV advertisement children see and limiting TV programming that children see to that made for kids. Home Visitors who recruited families were more likely to support the recommendations that parents should limit the number of TV advertisement children see and limit TV programming to that made for kids.

Most of the topics covered by the twelve HomeStyles guides are behaviors that are commonly known to prevent obesity. For example, getting more physical activity, consuming appropriate portion sizes, and drinking fewer sugar sweetened beverages are behaviors that people can easily connect to obesity prevention. Screen time, in the sense that it replaces physical activity, is also accepted as a topic relating to obesity prevention. However, the idea that TV advertisements for food products can have a negative impact on our diets may be a less popular topic. The relationship between obesity and sleep is generally unknown. This may indicate that Home Visitors need more information about the relationship between sleep and

screen time and weight control. It may be beneficial to spend more time on these topics during training to build their knowledge in these areas.

The general acceptance of the majority of the guide topics covered by HomeStyles may explain why there is minimal difference in the Home Visitors' attitudes towards these topics. The limited dialogue during training regarding the negative effect that TV advertisements for high sugar and fat foods can have on the diet as well as the limited coverage of the relationship between adequate sleep and obesity prevention may explain the significant difference between Home Visitors who were able to recruit HomeStyles families and those who were not.

Parent Physical Activity Promotion

It is important for parents to act the way they want their children to act. In other words, parents must be role models for their children. Children learn their television habits from their parents.¹²³ One of parents' greatest barriers to limiting their child's screen time (sedentary time) is their own TV viewing.¹⁴⁶ Parent role modeling of physical activity is also important. Children with active parents are more active than children whose parents are not active.¹⁵⁹ One study in particular found that children of active mothers were two times more likely to be physically active than children of sedentary mothers. The same study found that if both the mother and father were active the child was 5.8 times more likely to be active.¹⁶⁰

Home Visitors had an average score of $4.33 \pm 0.64SD$ on the *Parent Role Modeling Sedentary Activity Scale*. This indicates that the Home Visitors felt that it was important for parents not to let their children see them spending a lot of time

being sedentary. The Home Visitors' beliefs are in line with the current recommendations from child health experts.^{159,160}

Home Visitors had an average score of $4.58 \pm 0.44SD$ on the *Parent Role Modeling Physical Activity Scale*. This indicates that Home Visitors felt that it is important for parents to make sure their children see them being physically active. The Home Visitors beliefs are in line with recommendations from child health experts.^{159,160}

Research has shown that parents who play with their children have better parent-child relationships than parents who do not play with their children.¹⁶¹ Parent-child co-play is associated with increased emotional and cognitive development and improved language development.^{162,163} In terms of physical activity, many researchers have found that parents who encourage their children to play actively have children who are more physically active. Additionally, parents who are physically active themselves are more likely to have active children. Taking all of this into consideration it is likely that active parent-child co-play would increase a child's physical activity while also improving cognitive and emotional development.

The Home Visitors had an average score of $4.55 \pm 0.66SD$ on the Parent Child Co-Play Item. This indicates that the Home Visitors feel it is important for parents to play actively with their children. This is in line with the findings of current research and the recommendations made by child development experts.¹⁶¹⁻¹⁶³

Parental encouragement of Physical Activity is an important factor in child physical activity levels.¹⁴ Children whose parents encourage active play are

significantly more physically active than children who do not receive encouragement from their parents. Similarly, children whose parents discourage physical activity are significantly less active.¹⁶⁵ Studies supporting these findings have been done with 22 to 46-month-olds¹⁶⁶ as well as 4 to 8-year-olds.¹⁶⁷ The increase in physical activity seen may be a result of the increased perceived competence for physical activity. Research has shown that when parents encourage their children to be physically active, the children have a greater perceived competence.¹⁶⁸

The Home Visitors had an average score of 4.65 ± 0.51 SD on the *Encouragement of Physical Activity Scale*. This indicates that the Home Visitors believe that it is important for parents to encourage their children to be physically active and to provide their children with opportunities to be physically active. These results are in line with current recommendations by child health experts based on research findings.^{69,107,164-166,168,169}

Physical activity has been shown to have a number of health benefits for kids including decreased risk for overweight and obesity as children and as adults; improved attitude and behavior; increased academic achievement; and increased self-esteem.^{170,171} Studies on parents' perceived importance of Physical Activity for kids have resulted in mixed findings. Some studies show that parents believe that encouraging healthy behaviors, including physical activity at a young age is important for establishing healthy life-long physical activity habits.¹⁷⁰ Other studies have found that parents who do not perceive their children as overweight or obese

do not feel that they need to encourage their children to be physically active.¹⁷² This concept will be discussed further in the child weight perception section.

The Home Visitors had an average score of $4.75 \pm 0.44SD$ on the *Importance of Physical Activity for Preschoolers Scale*. This indicates that the Home Visitors believe that preschool children should be active almost every day. These beliefs are in line with current recommendations from child health experts based on recent research findings.¹⁷⁰⁻¹⁷²

Parent Engagement with Child

Parental physical engagement and verbal engagement with children has been shown to have positive benefits.¹⁷³⁻¹⁷⁶ Physical engagement, which includes cuddling and hugging is an important factor in the development of relationships and a sense of well-being.¹⁷³ Research by Britto and colleagues found that 89 percent of parents report hugging their children daily. They found that parents who were White and parents with greater incomes were more likely to hug their children.¹⁷³ Verbal engagement with children has been shown to have a positive effect on a child's readiness to enter school. Verbal interaction with children is associated with increased social and communication skills.¹⁷⁴ Mothers who interact verbally with their children at 20 months have children who are more socially and cognitively advanced at age 3.¹⁷⁵ Children who have high quality relationships with their mothers at age 4 are likely to have a higher mental ability at age 4, are more likely to be prepared for school (ages 5-6), are likely to have a higher IQ at age 6 and are likely to have greater school achievements at age 12.¹⁷⁶

The Home Visitors had an average score of $4.89 \pm 0.31SD$ on the Physical Engagement with Children Scale. This indicates that the Home Visitors believe that it is important for parents to hug their children. This is in line with current research and recommendations.¹⁷³

The Home Visitors had an average score of $4.40 \pm 0.66SD$ on the Verbal Engagement with Children Scale. This indicates that the Home Visitors believe that it is important for parents to talk to their children. This is in line with current research and recommendations.¹⁷⁴⁻¹⁷⁶

Child Weight Perception and Concern for Child Overweight Risk

It is not uncommon for parents to underestimate their child's weight.⁴⁴ Parents often identify their overweight child as being normal weight and obese children as overweight.^{172,177} Parents are more likely to identify their daughters as being overweight compared to their sons.^{172,178} This could be related to a greater focus on body image in girls.¹⁷² Researchers have also found that there is an association between parent education level and ability to correctly identify child's weight status. Parents with higher education levels are more likely to correctly identify their child's weight status.¹⁷⁹ Correct weight identification is important because of the role that parents play in weight control through their parenting practices related to food and exercise. A study regarding child weight status and parent concern for child's weight found that 26 percent of parents of overweight children were not concerned about their weight and 15 percent of parents of obese children were not concerned about their child's weight.¹⁷² This is a concern because if a parent is not aware of their child's overweight or obese status, or are not

concerned about their weight status, the parent will not take actions to positively influence health related behaviors to promote weight maintenance and growth.¹⁷²

The Home Visitors had an average score of $2.35 \pm 0.75SD$ on the Perception of Healthy Child Weight Scale. This indicates that the Home Visitors do not feel it is healthy for children to be chubby and they do not believe that children will grow out of their chubbiness. This is in line with current research recommendations regarding child health.

The Home Visitors identified healthy child weights through the use of images. The Home Visitors identified the cut off between healthy weight and underweight to be lower for girls. This indicated that the Home Visitors believed that a healthy weight girl is thinner than a healthy weight boy. This is similar to the parents' tendencies to identify girls as overweight more often than boys.^{172,178}

The Home Visitors had an average score of $3.15 \pm 0.87SD$ on the Concern for Child Overweight Risk Scale. This indicates that the Home Visitors were only slightly concerned that the children they see during their home visits are at risk of becoming overweight and are at risk of having to diet to control their weight later in life. The fact that the Home Visitors are only slightly concerned indicates that they may not perceive the children they are working with as overweight even if the child is actually overweight. It is common for parents to interpret their child as normal weight when they are overweight.^{172,177} It is possible that the same phenomenon is occurring with the Home Visitors.

Food Access Policy

Parent food access policy relates to rules in place regarding children's ability to access certain food items on their own, without help from an adult. This includes both healthy and unhealthy food options. Food access policy is a form of restriction. Parents may choose to restrict their child's access to unhealthy food choices in order to prevent over consumption of those items. As mentioned earlier, restriction of food items often leads to over consumption of those items when restrictions are lifted.^{92,180} Restriction also leads to higher BMI and a decreased ability to self-regulate food intake.^{136,137}

The Home Visitors were given a list of foods items, some of which were nutrient dense and others were not. Twelve (22%) Home Visitors felt that preschool children should not be allowed to access any foods on their own. The remaining Home Visitors identified fruits and vegetables, milk, 100% real fruit juice, breakfast, granola and protein bars, and cereal as items that preschool children should be able to access on their own. These were the items on the list that could be considered nutrient dense. Ideally the Home Visitors would have felt that parents should not restrict their children's access to food regardless of the healthfulness of the food in order to prevent the effect of over consumption when restraints are lifted. The majority of the Home Visitors chose to only restrict unhealthy food items, this is similar to the practices currently being employed by parents.

Weight Teasing

Weight teasing has been shown to cause poor body image, which results in decreased self-esteem.¹⁸¹ Poor body image is also associated with an increased risk of disordered eating and eating disorders.¹⁸¹ As mentioned above individuals with

disordered eating may pass along poor health practices to the people they educate. The majority of Home Visitors (53%) reported being called names like “fatso” or “skinny”, 45 percent reported being made fun of because of their weight and 44 percent reported being laughed at because of their weight. The Home Visitors reported that each form of teasing had upset them. Therefore, it is likely that the Home Visitors are at risk for disordered eating. It is assumed that the training they were provided will prevent the spread of any poor health habits that they may have.

A history of weight teasing may increase the likelihood that a Home Visitor will address teasing with a family. By addressing the issue, the Home Visitor may be able to limit the amount of weight teasing that occurs within a family as well as bring to light any teasing that is occurring outside of the home thereby allowing the child being teased to talk about it with the family. Although this is not a specific goal of HomeStyles, it could be beneficial to the family.

Beliefs About Family Meals

The American Academy of Pediatrics recommends that families consume meals together often.¹⁸² Frequent family meals are associated with improved nutritional and eating patterns, healthier weights, and a decrease disordered eating practices.¹⁸³ Parents’ perceived benefits of family meals include time for conversation, feeling of togetherness, and home cooked meals, which are nutritious and well balanced.¹⁸⁴ Despite these perceived benefits, many families find it difficult to have meals together. Parents cite meal planning, picky eaters, time constraints, and conflict at meals to be barriers to having family meals on a regular basis.

Home Visitors had an average score of 4.39 ± 0.51 SD on the *Importance of Family Meals Scale*. This indicates that the Home Visitors feel that family meals are important and it is worth the effort to have family meals on a regular basis. This is consistent with current recommendations.

Research shows that it is important for families to plan their meals in advance. Planning meals decreases the need for families to rely on convenience foods which tend to be less nutritious.¹⁸⁵ Family meal planning is also associated with increased importance placed on the meal and increased willingness for family member participation.^{185,186}

Home Visitors had an average score of 3.95 ± 0.89 SD on the *Family Meal Planning Scale*. This indicates that the Home Visitors felt it was important for families to plan meals in advance. This is in line with current recommendations.{McIntosh, 2010 #250}{Fiese, 2006 #251}

The location of family meals is also important. Consuming meals at fast food restaurants can have negative health effects.¹⁸⁴ Families often rely on fast food or convenience foods for meals when they are short on time or did not make meal plans.¹⁸⁵ Families who eat out tend to consume more fat and less fruit, vegetables and milk. They also tend to have children with higher BMIs.¹⁸⁴ Consuming meals in front of the TV can also have negative health effects. Consuming meals and snacks in front of the TV is associated with over eating.^{78,79} Meals consumed in front of the TV tend to contain less nutrient dense foods including grains, fruit, and green and yellow vegetables while containing more red and processed meats, pizza, salty snacks, and soda.¹²³

Home Visitors had an average score of $4.49 \pm 1.07SD$ on the *Importance of Family Meal Location (Fast Food) Scale*. This indicates that the Home Visitors believed it was important for families not to consume their meals at fast food restaurants. This is in line with current research and recommendations.¹⁸⁴

Home Visitors had an average score of $4.55 \pm 0.79SD$ on the Importance of Family Meal Location (TV) Scale. This indicates that the Home Visitors strongly agreed that families should not consume their meals in front of the TV. This is in line with current guidelines and recommendations.^{78,79,123,184}

Outcome Expectations of Physical Activity and Healthy Eating

Many studies have identified self-efficacy as the most important indicator of behavior change followed closely by outcome expectations.¹⁸⁷ Outcome expectations are related to the individual's beliefs about the possible costs and benefits of a behavior. When a person believes that the benefits outweigh the costs they are more likely to engage in a behavior.^{15,188} People with higher outcome expectations have been found to be more likely to engage in physical activity. Most people are able to identify many health benefits of exercise, but the single most important benefit for most people is weight loss.¹⁸⁹ Positive outcome expectations of healthy eating are related to an increase chance of adopting healthy dietary practices. As with exercise, the most commonly identified positive outcome expectations of healthy eating are related to weight loss.^{188,190}

Studies also have looked at the influence of EFNEP professionals' outcome expectations on their ability to promote behavior change in EFNEP participants.^{50,191} Researchers found that there was a greater overall behavior change in participants

who had interacted with a paraprofessional who positively rated the value of EFNEP. By giving a positive rating to the value of EFNEP the paraprofessional was indicating that they believed that EFNEP was beneficial to the participants involved.¹⁹¹

The Home Visitors had an average score of $4.56 \pm 0.51SD$ on the Outcome Expectations of Physical Activity Scale. This indicates that the Home Visitors feel strongly that being physically active will have a positive impact on their health. This belief is ideal for promoting behavior change.

The Home Visitors had an average score of $4.48 \pm 0.56SD$ on the Outcome Expectations of Healthy Eating Scale. This indicates that the Home Visitors feel strongly that healthy eating will have a positive impact on health. This belief is ideal for promoting behavior change.

Health Perceptions

The Home Visitors receive education and training on nutrition practices for families with preschoolers. Most of the information they learn can be applied to their own lives. The information provided to the Home Visitors in training should have increased their nutrition knowledge.²³ It is important for paraprofessionals, like Home Visitors, to be knowledgeable of the information they will be sharing with their clients. In the case of Home Visitors it is important that they believe they have a high level of nutrition knowledge.

The Home Visitors had an average score of $3.95 \pm 0.80SD$ on the *Perception of Nutrition Knowledge Scale*. This indicates that the Home Visitors felt that they have a

good understanding of nutrition. Having a good knowledge is important for effective education.²³

Increased nutrition knowledge is not always associated with ideal dietary intake. Some studies have found that there is a minimal increase in fruit and vegetable intake as knowledge of nutrition increases.¹⁹² Knowledge of the relationship between nutrition and disease seems to have the most significant impact on dietary intake.¹⁹³ However, it is commonly accepted that while nutrition knowledge is needed for behavior change it cannot stand alone. Meaning that knowledge is not enough to change behavior, there must be other factors involved including perceived benefits and perceived susceptibility that influence individuals to make behavior changes.¹⁹⁴

The Home Visitors had an average score of 3.42 ± 0.81 SD on the Perceived Nutrition Quality of Diet Scale. This indicates that the Home Visitors perceive their nutritional intake to be fair to good. This score may be ideal for relating to participating families and for providing education. It seems that the Home Visitors try to eat healthy most of the time, but they do not always succeed. This may help them empathize and relate to participants' struggles, while also having a sufficient understanding of how to eat well to provide support and ideas for families.

Many studies have identified a connection between self-perception of health and mortality and morbidity. It appears that self-perception of health is a fairly good indicator of actual health status.¹⁹⁵ While self-health perception may be influenced by objective measures, such as a diagnosis by a doctor, there are many subjective variables that seem to influence self-perception of health. Positive personality traits,

particularly having an overall positive affect is related to an improved self-perception of health.^{195,196}

Poor mental health in the form of depression has been shown to significantly decrease the amount of time during the work day spent being productive.¹⁹⁷ Similarly overall health perception is positively correlated with work productivity. People with a poor perception of their health are less productive at work.¹⁹⁸

The Home Visitors rated their overall mental and physical health by identifying the number of days in the past month that their mental or physical health was poor. The Home Visitors were sick or injured an average of four days in the past month. The Home Visitors felt stressed or depressed on an average of 5 days in the past month. The Home Visitors were unable to complete their normal activities due to mental or physical health issues on an average of 3 days in the past month. It would be expected that Home Visitors who perceived their mental or physical health to be poor would be less productive at work. This may interfere with their ability to work effectively with families. Absenteeism from work may result in missed Home Visits with families, which may hinder their ability to promote HomeStyles.

Smoking

The National Health Interview from 2008-2010 found that about 20% of adults in the United States currently smoke.¹⁹⁹ Smoking rates are higher in individuals of low socioeconomic status.²⁰⁰ The Home Visitors in this study had a lower prevalence of smoking. Just over nine percent of the Home Visitors reported

that they smoked currently. Ideally none of the Home Visitors would be smokers since they are supposed to be role models of health for the families they work with.

Satisfaction with Training

As part of the satisfaction with training section of the survey the Home Visitors were asked to indicate if they felt that HomeStyles would have a positive effect on the families who participated. The Home Visitors had an average score of $4.40 \pm 0.71SD$. This indicates that the Home Visitors felt strongly that the families were likely to benefit from the program. This is the ideal response. As mentioned above, the Home Visitors' perception of the importance of the program and the benefits it may have for the participants can influence their successful facilitation of behavior change.

The Home Visitors also reported on a variety of other aspects of the training. Overall they had an average score of $4.27 \pm 0.16SD$ for all of the satisfaction with training items. This indicates that the Home Visitors felt that the training was successful. Most of the Home Visitors have no formal education related to nutrition, so it was important that they felt that they received the information they needed during training and felt comfortable with their knowledge of health and nutrition after the training was over.

STUDY LIMITATIONS

A limitation of this study was the sample size. A total of 55 Home Visitors completed the survey. This is over 80 percent of the 68 Home Visitors who were trained and eligible to complete the survey. While this is a good completion rate, a greater number of Home Visitors completing the survey would have made the data

and results more extrapolative. Of the 55 Home Visitors who completed the survey, only 15 successfully recruited one or more families into the program. A larger number of Home Visitors who recruited successfully would have strengthened the findings of the study. The sample size was limited by the time line of the study. While trainings were ongoing and additional Home Visitors were completing the survey only those who had completed all items prior to September 2014 were included in this study.

Another limitation was the modest internal consistency coefficients for some scales on the survey. The survey was created using validated and reliable tools whenever possible, however some items were adapted and re-phrased to fit the context of the target population (Home Visitors). Additionally, the homogeneity of the sample constrained variance in the data thereby necessitating the use statistical procedures to calculate internal consistency (i.e., Gulliksen's adjusted Cronbach alpha). Gulliksen's equation required the use of data from a reference population; the only reference population data available were from parents of preschool children.¹⁰⁵ Although the reference population was similar in age and gender to the Home Visitors, and they had young children similar in age to those with whom the Home Visitors work; it is likely the Home Visitors' occupation and training was unlike those of the reference population.

The homogeneity of the sample may explain the minimal differences seen between the Home Visitors who successfully recruited families and those who did not. The Home Visitors were all recruited and hired to do the same job. It is likely that they were hired because they had specific characteristics that the agencies

desired; therefore it is not surprising that these individuals had similar characteristics. It is likely that they chose to pursue a Home Visitor position because they are passionate about child development and family life. They also went through similar training sessions and were exposed to similar information regarding parenting practices, therefore perhaps it is not surprising that these individuals have similar beliefs about parenting practices.

It is possible that there are other personality traits and factors related to their client case load (demographics, family situation, and socioeconomic status) that affect a Home Visitor's success. Further research should aim to identify additional factors.

RECOMMENDATIONS FOR FUTURE RESEARCH

The challenges with recruiting and retaining study participants indicate a need for further research in this area. A long term study of HomeStyles Home Visitors would increase our understanding of Home Visitors' recruitment success over time as well as the Home Visitors' ability to maintain a family's participation in HomeStyles. Additionally the longitudinal study should examine actual behavior changes adopted by the families and compare them to the Home Visitors' attitudes toward those behaviors.

It also would be beneficial to complete similar studies in other organizations using Home Visitors and other forms of peer educators or paraprofessionals. These studies could determine how the qualities of successful educators differ between the programs. Some other organizations that should be considered are EFNEP, The

Special Supplemental Assistance Program for Women Infant and Children (WIC), and La Leche League.

Once the characteristics of successful Home Visitor recruiters have been identified. It would be beneficial to develop a program that could be used to aid in the development of these skills in Home Visitors and other educators. These programs could be implemented as part of the Home Visitor training program. Once the programs are developed, research could track the recruitment success of those who completed the training program and those who did not to see if those who participated were more successful.

The program can be updated once research has been done to show the Home Visitors who are able to impart behavior change. Any additional characteristics, which were not included in the characteristics of successful recruiters program, can be added to the program.

CONCLUSION

The demographic data for the Home Visitors in this study was very similar to demographic data for Home Visitors overall. In terms of demographic variables, the Home Visitors who recruited successfully only differed from those who did not in terms of their age. The rank order Home Visitor's personality trait scores differed from those that EFNEP professionals felt it was important for paraprofessionals to exhibit. This may be due to the fact that EFNEP professionals were considering traits for overall success as a Home Visitor whereas this study focused on recruitment success. Although many of the Home Visitors' lifestyle characteristics were not in line with current recommendations, the only two traits that differed significantly

between those who recruited and those who did not were dietary restraint and disinhibited eating. Home Visitor's attitudes toward parenting practices were mostly reflective of current recommendations. The Home Visitors' thoughts and beliefs were not in agreement with current recommendations for some of the screen time practices. However, the two attitudes towards parenting practices that differed significantly between Home Visitors who successfully recruited and those who did not were instrumental feeding (use of food as a reward) and use of non-food rewards. Although previous research has shown that health perception can influence work success, the Home Visitors' personal health perceptions did not differ significantly between the two groups of Home Visitors.

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Appendix I
SURVEY ITEMS AND SCORING PROTOCOL

Enclosed are the survey items used in the study.

HOME VISITOR DEMOGRAPHIC CHARACTERISTICS

Demographic characteristics of the Home Visitors assessed in this study were drawn from existing surveys and serve to describe the characteristics of the Home Visitors.

These characteristics include: sex, age, race/ethnicity, education, marital status, spouse education, spouse employment.

1. Which are you?
 - a. Male
 - b. Female

2. How old are you?
 - a. Under 18, 18, 19, ..., 58, 59, 60 or older

3. What is your ethnicity/race? (Choose all that apply)
 - a. Hispanic, Latino, or Spanish
 - b. White
 - c. Black or African American
 - d. American Indian or Alaskan Native
 - e. Asian Indian
 - f. Asian (e.g., Japanese, Chinese, Korean)
 - g. Pacific Islander
 - h. Other, please specify _____

4. What is your highest level of education?
 - a. less than high school
 - b. high school graduate
 - c. some college
 - d. associates degree/technical school graduate
 - e. baccalaureate degree

- f. advanced college degree
- g. Other, please specify _____

5. What is your current relationship status?
- a. single, never married
 - b. single, living with domestic partner
 - c. married
 - d. divorced
 - e. widowed
6. What is your spouse or partner's highest level of education?
- h. less than high school
 - i. high school graduate
 - j. some college
 - k. associates degree/technical school graduate
 - l. baccalaureate degree
 - m. advanced college degree
 - n. Other, please specify _____
7. What is your spouse or partner's occupation?
- a. (open-ended)

Answer Choices:

(listed after questions above)

Scoring Methodology

1. Items used to describe the sample.

HOME VISITOR PERSONALITY CHARACTERISTICS

These include friendly/ extroverted, flexible/adaptable, ability to learn, conscientiousness, cultural awareness, need for cognition, self control, interest in helping others/ helping attitude, confidence, depression, motivation/ job importance, role overload stress, time stress, stress under control,

Friendly/ Extroverted

These items are taken from the Global 3 personality test,¹ the Big 45 Test,² and the Eysenck Personality Test.³

1. I start conversations.
2. I have no trouble approaching people.
3. I am more outgoing than reserved.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5

2. Items are summed and averaged into mean scale scores. Higher scores indicate that the Home Visitor is friendly and extroverted.

Flexibility/ adaptability

There items are taken from the Big 45 test² and Global 3 personality test¹

- 1.I am not easily bothered by things.
- 2.I am comfortable in unfamiliar situations.
3. I am not easily frustrated.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5
2. Items are summed and averaged into mean scale scores. Higher scores indicate that the Home Visitor is flexible/ adaptable.

Ability to Learn

These items are from Wako et al⁴ and the big 45 test.²

- 1.I value education.
2. I enjoy learning about health and well-being.
- 3.I am quick to understand things.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5
2. Items are summed and averaged into mean scale scores. Higher scores indicate that the Home Visitor has an elevated ability to learn.

Conscientiousness

Items in this scale are from the Big 45 test.²

1. I set high standards for myself and others.
2. I can easily push myself forward.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5
2. Items are summed and averaged into mean scale scores. Higher scores indicate that the Home Visitor is Conscientious

Cultural Awareness

Items in this scale are based on Horevitz et al.⁵ and Suh et. al.²⁶

1. I have the ability to resolve cultural differences.
2. I am aware of my personal stigmas and bias regarding other cultures.

3. I respect diverse cultural groups.
4. I feel comfortable with my knowledge and understanding of other cultures.
5. I am able to adapt when I am interacting with members of other cultures.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response;
strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5
2. Items are summed and averaged into mean scale scores. Higher scores indicate that the Home Visitor is culturally aware.

Need for Cognition

Items in this scale are from the Need for cognition scale (NCS).^{7,8}

1. I like dealing with situations that require a lot of thinking.
2. Thinking is not my idea of fun.*

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response;
strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
- Items marked with * indicate reverse scoring.

2. Items are summed and averaged into mean scale scores. Higher scores indicate that the Home Visitor has an increased need for cognition.

Self- Control

Items in this scale are based on the work of Grucza et al.⁹

1. Sometimes I am not as dependable as I should be.
2. I never seem to be able to get organized.
3. I am often late for appointments.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5
2. Items are summed and averaged into mean scale scores. Higher scores indicate that the Home Visitor has self- control.

Interest in Helping Others/ Helping Attitude

Items in this scale are from the Global 3 personality test.¹

1. I put others first.
2. I serve others.
3. I will do anything for others.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5
2. Items are summed and averaged into mean scale scores. Higher scores indicate that the Home Visitor has an increased interest in helping others.

Confidence

Items in this scale are from 16 factor personality test¹⁰ and the Eysenck personality Test.³

1. I frequently second guess myself.*
2. I tend to be nervous.*

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
Items marked with * indicate reverse scoring.
2. Items are summed and averaged into mean scale scores. Higher scores indicate that the Home Visitor has high level of confidence.

Depression

The two items in this scale are from the 2-item Patient Health Questionnaire¹¹

1. In the last 2 weeks, how often did you have little interest or pleasure in doing things?

2. In the last 2 weeks, how often did you feel down, depressed, or hopeless?

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5
2. Items are summed and averaged into mean scale scores. Higher scores indicate that the Home Visitor has depressive symptoms.

Motivation/ Job Importance

The items in this scale are from the Linder Employee motivation survey.¹²

1. I find my work interesting.
2. I feel the work I do is appreciated.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5
2. Items are summed and averaged into mean scale scores. Higher scores indicate that the Home Visitor is motivated and feels their job is important.

Role Overload Stress

The items in this scale are from the Role Overload questionnaire¹³ and Cohen's perceived stress scale.¹⁴

1. There are too many demands on my time.*
2. I have too many things to do.*

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
Items marked with * indicate reverse scoring.
2. Items are summed and averaged into mean scale scores. Lower scores indicate that the Home Visitor has a high level of role overload stress

Time Stress

Items in this scale are from the questionnaire to assess time attitudes¹⁵ and the food related lifestyle questionnaire.¹⁶

1. I often need to rush to get everything done.*
2. I often feel like I am running out of time.*

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
Items marked with * indicate reverse scoring.
2. Items are summed and averaged into mean scale scores. Lower scores indicate that the Home Visitor has a high level of time stress

Stress Under Control

Items in this scale are from Cohen's Perceived Stress Scale¹⁴ and the food related lifestyles questionnaire.¹⁶

1. I rarely feel overwhelmed by all the things expected of me.
2. In the last month I had so many responsibilities that I felt my life was "out of control".*

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
Items marked with * indicate reverse scoring.
2. Items are summed and averaged into mean scale scores. High scores indicate that the Home Visitor is able to control their stress levels.

HOME VISITOR HOME ENVIRONMENT

This portion of the survey assesses family conflict and cohesion, household organization, and household composition.

Family Conflict and Cohesion

Items in this scale are from the Family Environment Scale.^{17,18}

1. We fight a lot in our family.*
2. There is a feeling of togetherness in our family.
3. My family really gets along well with each other.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
Items marked with * indicate reverse scoring.
2. Items are summed and averaged into mean scale scores. High scores indicate a sense of cohesion in the home.

Household Organization

Items in this scale are from the Confusion, Hubbub and Order Scale (CHAOS).^{19,20}

1. My family almost always seems to be rushed.*
2. Its a real zoo in our home.*
3. You cannot hear yourself think in our home.*

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response;
strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
Items marked with * indicate reverse scoring.
2. Items are summed and averaged into mean scale scores. High scores indicate that the household is organized.

Household Composition

Items in this scale were created *de novo*.

1. How many children less than 2 years old live in your home?
2. How many children between 2 and 6 years old live in your home?
3. How many children between 7 and 12 years old live in your home?
4. How many people between 13 and 18 years old live in your home?
5. How many people between 19 and 30 years old live in your home?
6. How many people between 31 and 55 years old live in your home?
7. How many people 55 years or older live in your home?

Answer Choices

0, 1, 2, 3, 4, 5, 6, more than 6

Scoring Methodology

Data are used to describe the composition of home visitor's households

HOME VISITOR HEALTH PRACTICES

This section includes importance placed on physical activity, emotional eating, eating adventurousness, disinhibited eating, dietary restraint, family meal atmosphere, sleep time, sleep quality, screen time, and dietary intake.

Importance Placed on Physical Activity

Items in this scale are from the importance of Physical Activity questions.^{21,22}

1. I make time to be physically active almost every day.
2. I do not let things get in the way of keeping myself physically active.
3. It is important for me to be physically active.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
Items are summed and averaged into mean scale scores. High scores indicate that the Home Visitor Believe that Physical Activity is important.

Disinhibited Eating

Items in this scale are from the Three Factor Eating Questionnaire's disinhibited eating scale^{23,24}

1. Sometimes when I start eating, I just can't seem to stop.
2. I am always hungry enough to eat at any time.

3. I am always hungry, so it is hard for me to stop eating before I finish the food on my plate.

Answer Choices

Definitely false, mostly false , mostly true , definitely true

Scoring Methodology

1. Raw data are assigned values of 1-4 based on the response; definitely false =1, mostly false = 2, mostly true = 3, definitely true = 4.
2. Items in the scale are averaged to create the scale score; higher scores indicate more disinhibited eating.

Emotional Eating

Items in this scale are from the Three-Factor Eating Questionnaire.^{23,24}

1. When I feel lonely, I console myself by eating.
2. When I feel blue, I often overeat.
3. When I feel anxious, I find myself eating.

Answer Choices

Definitely false, mostly false , mostly true , definitely true

Scoring Methodology

1. Raw data are assigned values of 1-4 based on the response; definitely false =1, mostly false = 2, mostly true = 3, definitely true = 4.
2. Items in the scale are averaged to create the scale score; higher scores indicate more emotional eating.

Dietary Restraint

Items in this scale are from the Three-Factor Eating Questionnaire's dietary restraint scale.^{23,24}

1. I deliberately take small helpings as a means of controlling my weight.
2. I consciously hold back at meals in order not to gain weight.
3. I do not eat some foods because they make me fat.
4. I avoid "stocking up" on tempting foods.

Answer Choices

Definitely false, mostly false , mostly true , definitely true

Scoring Methodology

1. Raw data are assigned values of 1-4 based on the response; definitely false =1, mostly false = 2, mostly true = 3, definitely true = 4.
2. Items in the scale are averaged to create the scale score; higher scores indicate more dietary restraint.

Eating Adventurousness

Items on this scale are from the Temperament questionnaire and Food Neophobia Scale.^{25,26}

1. I do not trust new foods
2. I am afraid to eat things I have never eaten before

Answer Choices

Definitely false, mostly false, mostly true , definitely true

Scoring Methodology

1. Raw data are assigned values of 1-4 based on the response; definitely false = 1, mostly false = 2, mostly true = 3, definitely true = 4.
2. Items in the scale are averaged to create the scale score; higher scores indicate less food adventurousness.

Family Meal Atmosphere

Items in this scale are from the Healthy Home Survey²⁷ and the Physical and Nutrition Home Environment inventory²⁸

1. Trying to have family meals is too stressful.*
2. Eating together as a family just leads to arguments.*

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5. Items marked with * indicate reverse scoring.
2. Items are summed and averaged into mean scale scores. Low scores indicate that the Home Visitor feels that Family meals are too stressful and are not worth the time and effort.

Sleep Time

This item was created *De novo*

1. In the past week, about how much time each day did you usually sleep?

This may be different than the number of hours spent in bed.

Answer Choices

Hours and minutes

Scoring Methodology

Time is summed. Scores above 7 hours indicate that the Home Visitor is getting enough sleep.

Sleep Quality

This item is from the Pittsburgh Sleep Quality Index.²⁹

1. Think about your sleep during the last month. How would you rate your sleep quality overall?

Answer Choices

Very good, good, fair, poor, very poor

Scoring Methodology

1. 1.Raw data are assigned values of 1-5 based on the numerical response; Very good=1, good=2, fair=3, poor=4, very poor=5
2. Items are summed and averaged into mean scale scores. High scores indicate that improved sleep quality.

Screen Time

Items in this scale were created *De Novo*.

1. How often is the TV on during meals and snacks at your home

2. How often is a computer, tablet, video game, smart phone, or electronic educational device (like a Leap Pad) used during meals and snacks at home
3. In the past week, about how much time each day did you watch TV or movies, play games on the computer or smart phone, or send e-mails or text messages? (Please report both hours and / minutes)

Answer Choices

Items#1,2: Almost never, 1 day a week, 2 days a week, 3 days a week, 4 days a week, 5 days a week, 6 days a week, every day

Item #3: hours and minuets

Item #3: Hours and minutes

Scoring Methodology

1. Items #1,2 raw data are assigned values of 1-5 based on the numerical response; Almost never=1, 1 day a week=2, 2 days a week=3, 3 days a week=4, 4 days a week=5, 5 days a week=6, 6 days a week=7, every day=8
2. Items are summed and averaged into mean scale scores. High scores indicate more screen use during meals.
3. Item #3: The answer is used to assess screen time during meals. Higher scores equal greater screen time use.

Fruit, Vegetable, and Fiber Screener

This scale is from the 10-item Block Fruit- Vegetable- Fiber Screener.¹³⁰

Think about your eating habits over the past year or so. About how often do you eat each of the following foods? Remember breakfast, lunch, dinner, snacks and eating out.

- a. Any fruit, fresh or canned (not counting juice)
- b. Green salad
- c. Potatoes, any kind, including baked, mashed or French fried
- d. Vegetable soup, or stew with vegetables
- e. Any other vegetables, including string beans, peas, corn, broccoli or any other kind
- f. Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber
- g. Beans such as baked beans, pinto, kidney, or lentils (not green beans)
- h. Dark bread such as whole wheat or rye

Answer Choices

Less than once a week, Once a week, 2 to 3 times a week, 4 to 6 times a week, once a day, 2 or more a day

Scoring methodology

Item responses are scored as 1=less than 1 a week, 2= once a week, 3=2 to 3 times a week, 4=4 to 6 times a week, 5= once a day 6= two or more times a week.

Scores from the intake of fruit juice and vegetable juice in the sugar-sweetened beverage (SSB) screener were also scored and added to the sum of all the items scores to obtain a screener score (marked with a #). These scores were used to calculate the following nutrient intakes according to prediction equations.

Fruit/vegetable servings (Pyramid definitions of servings per day) = $-0.23 + 0.37$

(Fruit/Veg score) $-0.55(S)$

Vitamin C (mg) = $56.5 + 6.6(\text{Fruit/Veg/Beans score}) - 26.7(S) - 0.45 (A)$

Magnesium (mg) = $272 + 11.6(\text{Fruit/Veg/Beans score}) - 9.23(S) - 1.7 (A)$

Dietary fiber (gms) = $12.6 + 0.77 (\text{Fruit/Veg/Beans score}) - 0.16(A) - 5.12(S)$

Potassium (mg) = $2348 + 114.8 (\text{Fruit/Veg/Beans score}) - 759 (S) - 13.8 (A)$

(Note S=1 for all equations; A= Age in years)

Meat/Snack Screener

This scale is from the 17-item Block Dietary Fat Screener.^{10,31}

Think about your eating habits over the past year or so. About how often do you eat each of the following foods? Remember breakfast, lunch, dinner, snacks and eating out. Please note the answer choices are different than the previous page.

- a. Hamburgers, ground beef, meat burritos, tacos
- b. Beef or pork, such as steaks, roasts, ribs, or in sandwiches
- c. Fried chicken
- d. Hot dogs, or Polish or Italian sausage
- e. Cold cuts, lunch meats, ham (not low-fat)
- f. Bacon or breakfast sausage
- g. Salad dressings (not low-fat)
- h. Margarine, butter or mayo on bread or potatoes
- i. Margarine, butter or oil in cooking

- j. Eggs (not Egg Beaters or just egg whites)
- k. Pizza
- l. Cheese, cheese spread (not low-fat)
- m. Whole milk
- n. French fries, fried potatoes
- o. Corn chips, potato chips, popcorn, crackers
- p. Doughnuts, pastries, cake, cookies (not low-fat)
- q. Ice cream (not sherbet or non-fat)

Answer Choices

1 time a month or less, 2 to 3 times a month or less, 1 to 2 times a week, 3 to 4 times a week, 5 or more times a week.

Scoring methodology

Item responses are scored as 1= 1 time a month or less, 2= 2 to 3 times a month, 3=1 to 2 times a week, 4=3 to 4 times a week, 5=5 or more times a week.

Scores for each item are summed to create a screener score. These scores were used to calculate the following nutrient intakes according to prediction equations.

$$\text{Total fat (gms)} = 32.7 + 2.4 (\text{Meat/Snack score}) + 11.2 (S)$$

$$\text{Saturated fat (gms)} = 9.4 + 0.88 (\text{Meat/Snack score}) - 3.5 S$$

$$\text{Percent Fat} = 19.8 + 0.6 (\text{Meat/Snack score}) + 2.3 (S)$$

$$\text{Dietary cholesterol (gms)} = 120 + 7.8 (\text{Meat/Snack score}) - 54.65 (S) + 36.6 (R)$$

(Note S=1 for all equations; A= Age in years; R= Race: White =0, Nonwhite =1)

Sugar-Sweetened Beverage Intake

This scale is from the Block Kids' Scanner,^{30,32} Fast Food/ Beverage Screener,³³

Block Fruit- Vegetable- Fiber Screener,³⁰ and Survey for College Students.³⁴

Think about your beverage habits over the past year or so. About how often do you drink each of the following beverages? Remember breakfast, lunch, dinner, snacks and eating out.

- a. Milk to drink
- b. Real 100% fruit juice (like orange, apple, grape, fresh, frozen or canned [not sodas or other drinks])#
- c. Vegetable juice (like tomato juice, V-8 or carrot)#
- d. Soft drinks and soda/pop (like Coke or 7-up [not diet soda])
- e. Fruit drinks or other sugar sweetened beverages (like Hawaiian Punch, Hi-C, Kool-Aid, Ocean Spray cranberry juice cocktail, Snapple, Sunny Delight, Country Time Lemonade, Sobe, Arizona Ice Tea, sugar sweetened tea [not diet drinks])
- f. Energy drinks (like RockStar, Red Bull, Monster, Full Throttle [not sugar-free])
- g. Sugar-sweetened specialty coffee drinks (like frappuccino, flavored latte/cappuccino)

Answer Choices

Less than 1 time a week, 1 day a week, 2 days a week, 3 days a week, 4 days a week, 5 days a week, 6 days a week, 7 days a week, More than 1 time a day

Scoring methodology

Item responses are scored as 0=less than 1 day a week, 1=1 day a week, 2= 2 days a week, 3=3 days a week, 4=4 days a week, 5=5 days a week, 6=6 days a week, 7=7 days a week, 8=more than 1 time a day.

Scores are summed for items d-g and divided by 7 to obtain the servings of SSB per week. The amount of calories and grams of sugar typically consumed from sugar-sweetened beverages in a week are calculated by transforming data into frequency per week. Estimations of calorie availability are calculated as weekly frequency x typical serving size (from NHANES typical servings reported) x kcal per ounce for the beverage type. The typical American adult intake for the beverage items in d-g was obtained.

Table 43: Typical portion sizes and grams of sugar and kcal in foods.

	Typical adult female portion size	Typical grams sugar in 100gm or 1oz	Typical Kcal in 100gm or 1oz
Milk	225gm ³⁵	5.02gm/100gm ³⁶	37kcal/100gm
100% fruit juice	2.4oz ³⁷	3.19gm/1oz ³⁶	14kcal/1oz ³⁶

Vegetable juice	4oz	0.12gm/1oz ³⁶	1kcal/1oz ³⁶
Soft drinks (not diet)	8.6oz ³⁸	3.30gm/1oz ³⁶	13kcal/1oz ³⁶
Other sugar-sweetened drinks (e.g., fruit drinks)	12oz ³⁵	1.49gm/1oz ³⁶	8kcal/1oz ³⁶
Energy drinks	8oz (NLEA serving size)	3.80gm/1oz ³⁶	18kcal/1oz ³⁶
Sugar-sweetened specialty coffee drinks	9.5 oz (no data available, estimated using Starbucks bottled coffee drink sizes) ³⁹	3.26gm/1oz	18.95kcal/1oz ³⁶

PERCEPTION OF SELECT PARENTING PRACTICES

The items in this section describe the Home visitor's beliefs about select parenting practices including, feeding practices, screen time, physical activity, verbal and physical engagement, and food access policy.

Feeding Behavior (Pressuring Children to Eat Nutrient Dense Foods)

Items in this scale were based on the Parent Feeding Scale Questionnaire,⁴⁰ Overt/Covert control scale,⁴¹ The Parent Dietary Modeling Scale,¹⁶ The Caregiver Feeding Styles Questionnaire,^{42,43} and the Physical and Nutritional Home Environment Survey.⁴⁴

1. Parents should really pressure their preschool kids to eat fruit.
2. Parents should really pressure their preschool kids to eat vegetables.
3. Parents should really pressure their preschool kids to drink milk.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. Items are summed and averaged into mean scale scores. Lower scores indicate agreement that parents should pressure their children to eat.

Feeding Behavior (Restricting on Child Intake of Low Nutrient Density Foods)

Items in this scale were based on the Parent Feeding Scale Questionnaire,⁴⁰ Overt/Covert control scale,⁴¹ The Parent Dietary Modeling Scale,¹⁶ The Caregiver Feeding Styles Questionnaire,^{42,43} and the Physical and Nutritional Home Environment Survey.⁴⁴

1. Parents should make sure their preschool kids do not eat too many sweets, like cookies and soda.
2. Parents should make sure their preschool kids do not eat too many salty snacks, like chips.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5. Items are summed and averaged into mean scale scores. Lower scores indicate agreement that parents should restrict their child's intake of sugary and salty snacks..

Overt Parent Control of Amount Child Eats

Items in this scale are based on the Parent Dietary Modeling Scale,⁴⁵ Child Feeding Questionnaire,¹⁵ and FEEDS Survey.⁴⁶

1. Parents should set rules for their preschool kids about the amount of fruits and vegetables they have to eat.
2. Preschool kids should always eat everything on their plate.

3. Parents should decide how much food their preschool kids eat at meals.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5. Items are summed and averaged into mean scale scores. Lower scores indicate agreement that parents should control the amount of food their children eat.

Overt Parent Control of When Child Eats

These items are based on Parental Feeding Questionnaire⁴⁰

1. Parents should decide when it is time for their preschool kids to have a snack.*
2. Parents should let their preschool kids decide when to have meals..

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5. Items marked with * indicate reverse scoring.
2. Items are summed and averaged into mean scale scores. Lower scores indicate agreement that parents should control when their child eats a meal or snack.

Covert Parent Control of Child's Food Choices

This item is based on the Measure of Overt and Covert Control⁴¹

1. Parents should keep foods that they want their preschool kids to eat in places that are easy for kids to see and reach.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. Lower scores indicate agreement that parents should control what their child eat by putting foods they want them to eat in areas they can see and reach.

Instrumental Feeding (Parent Use of Food as a Reward for Children)

The items in this scale were based on Caregiver's Feeding Style Questionnaire^{42,43} and the Parental Feeding Styles Questionnaire.⁴⁰

1. Parents should encourage their preschool kids to eat something by using food as a reward (for example, "if you finish your vegetables, you will get dessert").
2. If a preschool child misbehaves, parents should not let them have a favorite food.
3. Parents should reward their preschool kids with something to eat when they are well behaved

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5. Items are summed and averaged into mean scale scores. Lower scores indicate agreement that parents should use food as a reward.

Parent Use of Non- Food Rewards for Children

Items in this scale are based on the Caregiver's Feeding Style Questionnaire^{42,43}

1. Parents should promise their preschool kids something other than food if they eat (for example, "If you eat your peas, we can play ball after dinner").
2. Parents should take away something other than food if their preschool kids do not eat (For example, "If you do not eat your meat, there will be no TV time after dinner")

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. Items are summed and averaged into mean scale scores. Lower scores indicate agreement that parents should use non- food rewards.

Limits on TV ads

This item was based on Healthy Home Survey²⁷ and the Physical and Nutrition Home Environment inventory.²⁸

1. Parents should try to limit the number of TV commercials their preschool kids see.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. Higher scores indicate agreement that parents should limit the number of TV ads their kids see.

Limits on TV Programming to That Made for Kids

Items in this scale are based on the Healthy Home Survey²⁷ and the Physical and Nutrition Home Environment inventory.²⁸

1. Parents should try to limit the TV shows and movies their preschool kids see to only those made for kids.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. Higher scores indicate agreement that parents should limit the programming their children see to that made for kids.

Talking with Kids About TV

Items in this scale are based on the Healthy Home Survey²⁷ and the Physical and Nutrition Home Environment inventory.²⁸

1. Parents should talk with their preschool kids about TV shows, video games or movies.
2. Parents should talk with their preschool kids about advertisements on TV.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. Items are summed and averaged into mean scale scores. Higher scores indicate agreement that parents should talk with their kids about what they see on TV.

TV Effects in Child Learning (General)

This item was created *De Novo*

1. Preschool kids learn so much from TV.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.

2. Items are summed and averaged into mean scale scores. Lower scores indicate agreement that TV has a positive effect on Child learning.

TV Effects in Child Learning (Helps them do Well in School)

Items in this scale were created *De Novo*.

1. TV programs teach preschool kids a lot of things to help them do better in school

.Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. Lower scores indicate agreement that TV has a positive effect on a Child performance in school.

Type of TV Allowed (Endorsement of Educational TV)

Items in this scale were created *De Novo*.

1. Parents should only let preschool kids watch TV programs that are educational.

.Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.

2. High scores indicate agreement that preschool children should be allowed to watch educational programs.

Importance of Modeling Sedentary Behavior

This item is based on the Physical and Nutritional Home Environment Inventory⁴⁷, the International Life Sciences Institute Phone Survey,²¹ and the 11-point Child Activity Index.⁴⁸

1. It is important that preschool kids do not see parents spending a lot of time watching TV and movies.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. High scores indicate agreement that parent modeling of sedentary activity is important.

Importance of Modeling Physical Activity

This scale is based on the Physical and Nutritional Home Environment Inventory⁴⁷, the International Life Sciences Institute Phone Survey,²¹ and the 11-point Child Activity Index.⁴⁸

1. Parents should tell their preschool kids that they enjoy being physically active.
2. It is important for preschool kids to see parents being physically active.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response;
strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. Items are summed and averaged into mean scale scores. High scores indicate agreement that parent modeling of physical activity is important.

Parent Child Co-Play

This item is based on the Physical and Nutritional Home Environment Inventory⁴⁷, the International Life Sciences Institute Phone Survey,²¹ and the 11-point Child Activity Index.⁴⁸

1. Parents should play actively with kids everyday.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response;
strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. High scores indicate agreement that parents should play actively with their children every day.

Encouragement of Children to Be Physically Active

This scale is based on the Physical and Nutritional Home Environment Inventory⁴⁷, the International Life Sciences Institute Phone Survey,²¹ and the 11-point Child Activity Index.⁴⁸

1. Parents should encourage preschool kids to do something other than watch TV or movies, like play outside.
2. Parents should make it easy for preschool kids to be physically active, such as by getting out play equipment, taking them to the park or to classes like swimming or dance or karate.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5. * Indicates the scores are reversed.
2. Items are summed and averaged into mean scale scores. High scores indicate agreement that parents should encourage their children to be physically active.

Importance of Physical Activity for Children

This item is based on the Physical and Nutritional Home Environment Inventory⁴⁷, the International Life Sciences Institute Phone Survey,²¹ and the 11-point Child Activity Index.⁴⁸

1. Preschool kids should be physically active almost every day.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response;
strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. High scores indicate agreement that it is important for children to be physically active.

Physical Engagement with Children

This item is based on the Home and Life interview.⁴⁹

1. It is important for parents to hug kids often.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response;
strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5. *
Indicates the scores are reversed.
2. High scores indicate agreement that parent should hug their children.

Verbal Engagement with Children

This item is based on the Home and Life interview.⁴⁹

1. Parents should talk with their preschool kids while doing chores around the house.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. High scores indicate agreement that parent should talk to their children.

Perception of Childhood Weight

Items in this scale are from the Child Feeding Questionnaire,⁵⁰ and created *De Novo*.

1. It is healthy for young kids to be chubby.
2. A chubby baby is a healthy baby.⁵⁰
3. Most chubby kids grow out of their chubbiness later in life.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

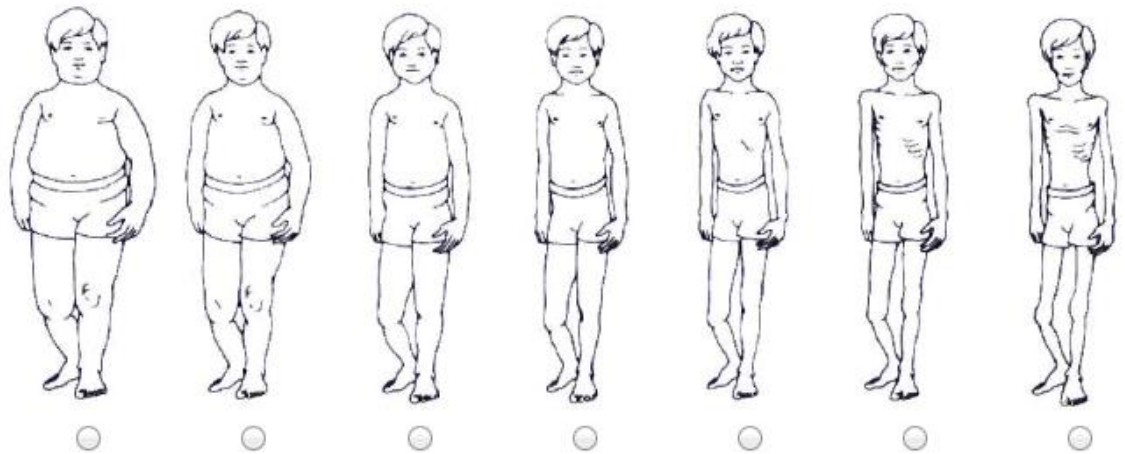
Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. Items are summed and averaged into mean scale scores. Low scores indicate agreement that overweight babies are healthy.

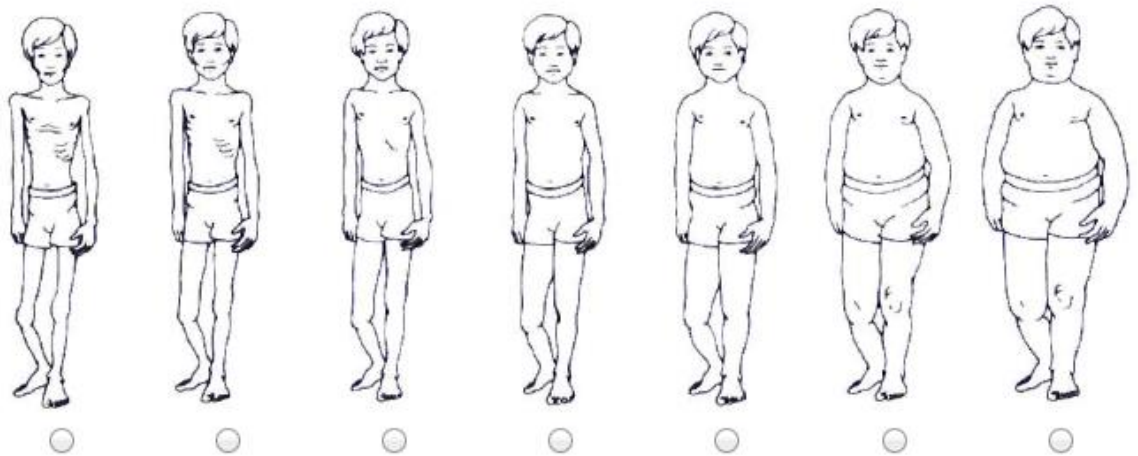
Identification of Healthy Childhood Weight

Items in this scale are four pictorial instruments by Collins.⁵¹

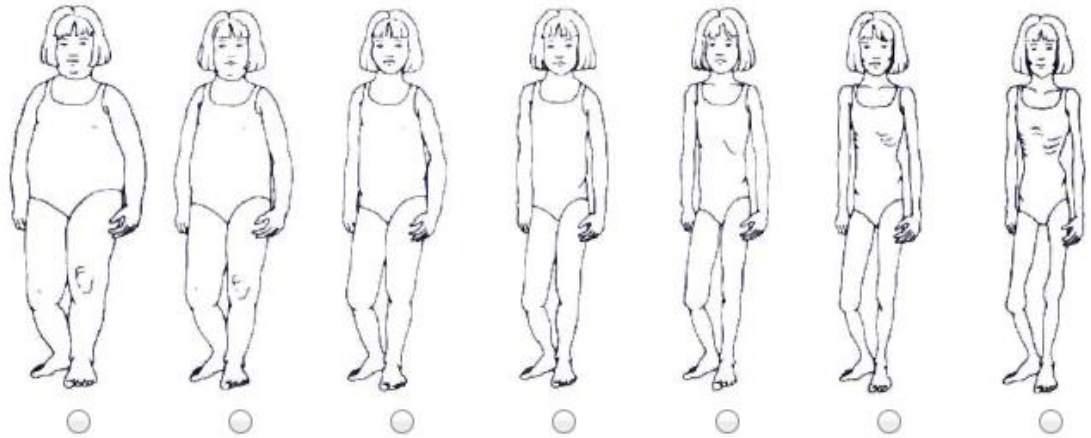
1. Select the first picture that shows a child that you think is underweight.



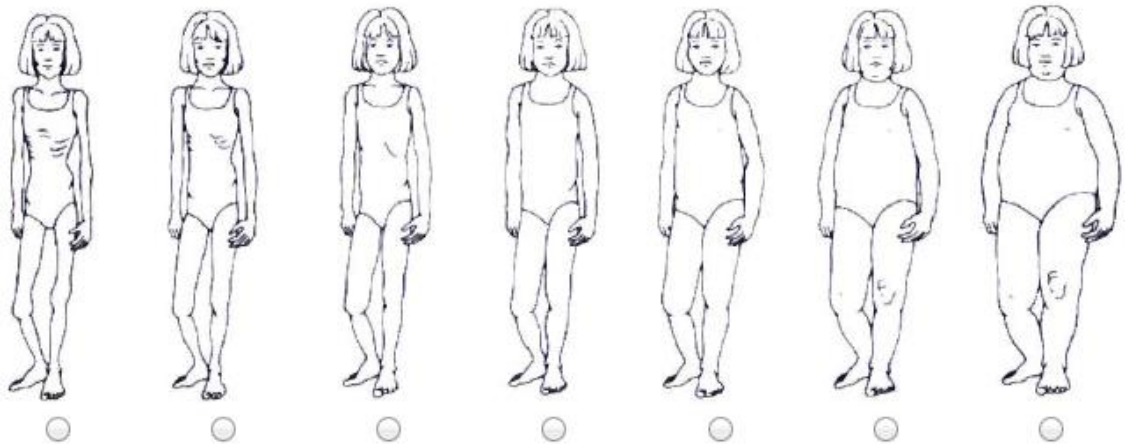
2. Select the first picture that shows a child that you think is overweight.



3. Select the first picture that shows a child that you think is underweight



4. Select the first picture that shows a child that you think is overweight.



Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Images are assigned numbers 1-7 from left to right.
2. Items are summed and averaged into mean scale scores. Scores are used to identify Home Visitors perception of healthy child weights.

Concern for Child Overweight Risk

Items in this scale are created *De Novo*.

1. I am concerned that the children I see during home visits will become overweight
2. I am concerned that the children I see during home visits will have to diet to keep their weight under control.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5.
2. Items are summed and averaged into mean scale scores. High scores indicate concern about children in home styles becoming over weight in the future.

Food Access Policy

This scale was based on the Parent Dietary Modeling Scale,²⁰ the Child Feeding Questionnaire,²⁴ the Parental Feeding Questionnaire,⁵² Measure of Overt and Covert Control,⁴² and the FEEDS Survey.³²

1. Which of these foods should parents allow preschool kids to get for a snack without help? (Check all that apply)
 - Potato chips, popcorn, crackers, corn chips, like Doritos, tortilla chips, Fritos
 - Doughnuts, pastries, cookies, cake (like Ho-Hos)

- Ice cream
- Candy or candy bars
- Milk
- Soft drinks and soda pop, like Coke or 7-Up
- Fruit drinks or other sugary beverages
- Real 100% juice, like orange, apple, grape
- Fruits or vegetables
- Cereal
- Breakfast bars, granola bars, protein bars
- Preschool kids should not be allowed to get any of these for a snack without a parent's help

Answer Choices

Check all that apply

Scoring Methodology

The results from this scale are used to identify which foods Home Visitors believe preschool children should be able to get on their own.

WEIGHT TEASING EFFECTS

These questions address the weight teasing history of the home visitor and the effects it had on them. The items are from the Assessment of body image disturbance.⁵³

Weight Teasing History

1. When you were between the ages of 5 and 16, how often did people make fun of you because of your weight?
2. When you were between the ages of 5 and 16, how often did people call you names like "fatso"?
3. When you were between the ages of 5 and 16, how often did people laugh at you because of your weight?

Answer Choices

Never, rarely, sometimes, often, very often

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; never=1, rarely=2, sometimes=3, often=4, very often=5
2. Items are summed and averaged into mean scale scores for *index frequencies*. Higher scores indicate greater level of weight-related teasing as a child.

Weight Teasing Effects

1. If you were made fun of because of your weight, how upset were you?
2. If you were made fun of because of your weight or called you names like "fatso" or "skinny" how upset were you?
3. If you were laughed at because of your weight, how upset were you?

Answer Choices

Not at all upset, a little upset, somewhat upset, very upset, I was never teased because of my weight

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; not at all upset=1, a little upset=2, somewhat upset=3, very upset=4, I was never teased because of my weight =5
2. Items are summed and averaged into mean scale scores for *emotional responses*. Higher scores indicate a higher degree of being upset from those that were teased about their weight as a child.

FAMILY MEALS

The items in this section describe the Home Visitor's beliefs about the importance of family meals, the location of family meals and the importance of planning of family meals.

Importance of Family Meals

The importance of family meals items are from Project EAT,^{54,55} and created *De Novo*.

1. Families are just too busy to eat dinner together.⁵³⁻⁵⁵
2. Eating together as a family is not worth the effort.
3. It is important for families to eat meals together often.⁵³⁻⁵⁵

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5
2. Items are summed and averaged into mean scale scores. Higher scores indicate a higher importance placed on family meals.

Location Where Family Meals are Eaten (Fast Food)

The item used is from Project EAT.^{54,55}

1. Families with preschool kids should limit the number of meals they have at fast food restaurants like McDonalds or Burger King.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response;
strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5
2. Items are summed and averaged into mean scale scores. Higher scores indicate a belief that family meals should not be consumed at fast food restaurants.

Location Where Family Meals are Eaten (TV)

The item used is from Project EAT. ^{54,55}

1. Families with preschool kids should "not" eat meals in front of the TV.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response;
strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5
2. Items are summed and averaged into mean scale scores. Higher scores indicate a belief that family meals should not be consumed in front of the TV.

Family Meal Planning

The item used is from Project EAT. ^{54,55}

1. Parents with preschool kids should just "go with the flow" and not plan meals.*

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response; strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5. Items marked with * indicate reverse scoring.
2. Items are summed and averaged into mean scale scores. Higher scores indicate a belief that parents should plan meals in advance.

OUTCOME EXPECTATIONS OF HEALTH BEHAVIORS

These scales assess the Home Visitors outcome expectations of eating health and of being physically active. The items are from the Determinants of Maternal Eating and Physical Activity Behavior scale.³¹

Outcome Expectation of Health Eating

1. Eating healthier food will help me have more energy.
2. Eating healthier food will help me have a healthier weight.
3. Eating healthier food will help me look better.
4. Eating healthier food will help me be happier.
5. Eating healthier food will help me feel better.
6. Eating healthier food will help me be a good role model for my kids.
7. Eating healthier food will help me feel less depressed.

8. Eating healthier food will help me feel less anxious or tense.

Outcome Expectations of Physical Activity

1. Getting 60 minutes of physical activity most every day will help me have more energy.
2. Getting 60 minutes of physical activity most every day will help me have a healthier weight.
3. Getting 60 minutes of physical activity most every day will help me look better.
4. Getting 60 minutes of physical activity most every day will help me be happier.
5. Getting 60 minutes of physical activity most every day will help me feel better.
6. Getting 60 minutes of physical activity most every day will help me be a good role model for my kids.
7. Getting 60 minutes of physical activity most every day will help me feel less depressed.
8. Getting 60 minutes of physical activity most every day will help me feel less anxious or tense.

Answer Choices

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response;
strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5
2. Items are summed and averaged into mean scale scores. Higher scores indicate a belief that health eating or physical activity has positive health outcomes.

HOME VISITOR PERSONAL HEALTH PERCEPTION

The items in this section assess the Home Visitor's perception of their own mental and physical health. The items are from the Center for Disease Control and Prevention's Health- Related Quality of Life questionnaire.⁵⁶

1. How would you rate your general health
2. How would you rate your overall knowledge of nutrition
3. How would you rate the overall nutrition quality of your diet
4. Think about your physical health, which includes physical illness and injury. During the past 30 days, how many days was your physical health not good?
5. Think about your mental health, which includes stress, depression, and problems with emotions. During the past 30 days, how many days was your mental health not good?

6. Think about your mental and physical health. During the past 30 days, how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work and recreation.

7. On how many of the last 30 days did you smoke one or more cigarettes?

Answer Choices

Items #1, 2, and 3: Very poor, poor, fair, good, very good

Items #4,5,and 6: scored by number of days 0,1,2,.....28,29,30

Item #7: I do not currently smoke, 1-5 days, 6-10 days, 11-15 days, 16-20 days, 21-25 days, 26-29 days, everyday

Scoring methodology

1. Items #1,2,3: Raw data are assigned values of 1-5 based on the numerical response; Very good=1, good=2, fair=3, poor=4, very poor=5
2. Items are summed and averaged into mean scale scores. Higher scores indicate the Home Visitor perceives their health to be good.
3. Items #4,5,6: Items are summed and averaged into mean scale scores. Higher scores indicate the Home Visitor was mentally or physically ill on a greater number of days in the past month.
4. Item #7: Raw data are assigned values of I do not currently smoke=1, 1-5 days=2, 6-10 days=3, 11-15 days=4, 16-20 days=5, 21-25 days=6, 26-29 days=7, everyday=8
5. Higher scores indicate the Home Visitor smoked on a greater number of days in the past month.

SATISFACTION WITH TRAINING

This section describes the Home Visitors satisfaction with the HomeStyles training they completed in order to become Home Visitors in the program. These items were created *De Novo*.

Perception of Training

1. I believe that the HomeStyles Program, when implemented correctly, will have a positive effect on the families involved.
2. I feel that my performance as a Home Visitor will influence the effectiveness of the HomeStyles Program.
3. I enjoyed attending the HomeStyles Training.
4. The HomeStyles Training was well organized.
5. The length of the HomeStyles Training was just right.
6. The HomeStyles Training provided me with the skills I will need to implement the HomeStyles program effectively.
7. I am comfortable with my knowledge of community resources.
8. I am confident in my ability to use HomeStyles Guides.
9. I am confident in my ability to answer questions families may have about HomeStyles.
10. I am comfortable with my knowledge of HomeStyles.
11. The HomeStyles Training provided me with the knowledge base I need to implement this program effectively.

Answer Choices

Strongly disagree, disagree, neither, agree, strongly agree

Overall Quality of training

1.The overall quality of the HomeStyles training was

Answer Choices

Very poor, poor, fair, good, very good

Scoring Methodology

1. Raw data are assigned values of 1-5 based on the numerical response;
strongly disagree=1, disagree=2, neither=3, agree=4, strongly agree=5

Appendix II

SURVEY LAYOUT AND DESIGN

**Please tell
us what
you think**



	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Parents should try to limit the number of TV commercials their preschool kids see.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should really pressure their preschool kids to eat fruit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating together as a family is <u>not</u> worth the effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should talk with their preschool kids about TV shows, video games or movies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents with preschool kids should plan meals at least 1 day in advance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should set rules for their preschool kids about the amount of fruits and vegetables they have to eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families are just too busy to eat dinner together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should encourage their preschool kids to eat something by using food as a reward (for example, "If you finish your vegetables, you will get dessert").	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should make sure their preschool kids do not eat too many sweets, like cookies and soda.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should really pressure their preschool kids to eat vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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Please tell us
what you
think



	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Parents should try to limit the TV shows and movies their preschool kids see to only those made for kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should make sure their preschool kids do not eat too many salty snacks, like chips.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TV programs teach preschool kids a lot of things to help them do better in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool kids should always eat everything on their plate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents with preschool kids should just "go with the flow" and not plan meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should decide how much food their preschool kids eat at meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool kids learn so much from TV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for families to eat meals together often.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families with preschool kids should <u>not</u> eat meals in front of the TV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should decide when it is time for their preschool kids to have a snack.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is healthy for young kids to be chubby.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
If a preschool child misbehaves, parents should not let them have a favorite food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should reward their preschool kids with something to eat when they are well behaved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should talk with their preschool kids about advertisements on TV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trying to have family meals is too stressful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should let their preschool kids decide when to have meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should promise their preschool kids something other than food if they eat (for example, "If you eat your peas, we can play ball after dinner").	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should really pressure their preschool kids to drink milk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should take away something other than food if thier preschool kids do not eat (For example, "If you do not eat your meat, there will be no TV time after dinner").	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE


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	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Parents should encourage preschool kids to do something other than watch TV or movies, like play outside.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating together as a family just leads to arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should talk with their preschool kids while doing chores around the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for parents to hug kids often.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool kids should be physically active almost every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should make it easy for preschool kids to be physically active, such as by getting out play equipment, taking them to the park or to classes like swimming or dance or karate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should play actively with kids everyday.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A chubby baby is a healthy baby.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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What do you think?

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Families with preschool kids should limit the number of meals they have at fast food restaurants like McDonalds or Burger King.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should tell their preschool kids that they enjoy being physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should keep foods that they want their preschool kids to eat in places that are easy for kids to see and reach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important that preschool kids do not see parents spending a lot of time watching TV and movies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents should only let preschool kids watch TV programs that are educational.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned that the children I see during home visits will become overweight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned that the children I see during home visits will have to diet to keep their weight under control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for preschool kids to see parents being physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most chubby kids grow out of their chubbiness later in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[CONTINUE](#)

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In your opinion...

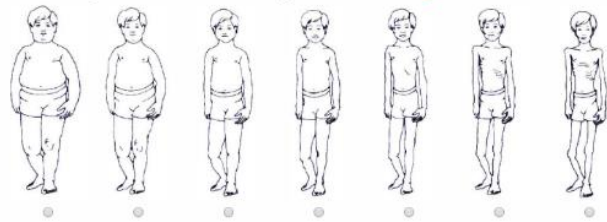
Which of these foods should parents allow preschool kids to get for a snack without help? (Check all that apply)

- ☐ Potato chips, popcorn, crackers, corn chips, like Doritos, tortilla chips, Fritos
- ☐ Doughnuts, pastries, cookies, cake (like Ho-Hos)
- ☐ Ice cream
- ☐ Candy or candy bars
- ☐ Milk
- ☐ Soft drinks and soda/pop, like Coke or 7-Up
- ☐ Fruit drinks or other sugary beverages
- ☐ Real 100% juice, like orange, apple, grape
- ☐ Fruits or vegetables
- ☐ Cereal
- ☐ Breakfast bars, granola bars, protein bars
- ☐ Preschool kids should not be allowed to get any of these for a snack without a parent's help

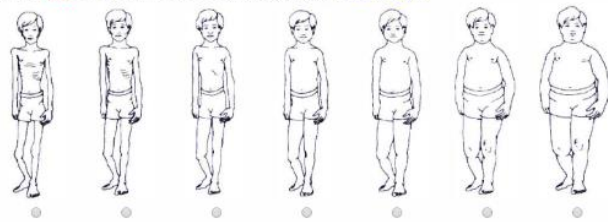
CONTINUE

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Select the **first** picture that shows a child that you think is **underweight**.



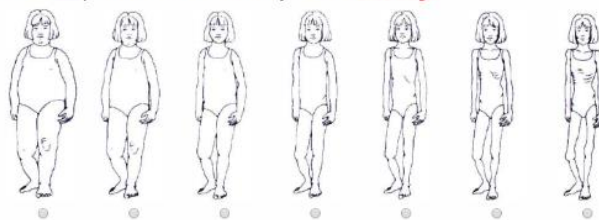
Select the **first** picture that shows a child that you think is **overweight**.



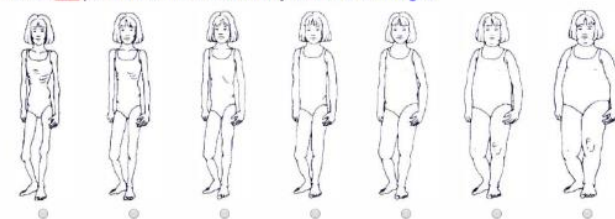
CONTINUE

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Select the **first** picture that shows a child that you think is **underweight**.



Select the **first** picture that shows a child that you think is **overweight**.



CONTINUE

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What do you think?

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Eating healthier food will help me have more energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating healthier food will help me have a healthier weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating healthier food will help me look better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating healthier food will help me be happier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating healthier food will help me feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating healthier food will help me be a good role model for my kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating healthier food will help me feel less depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating healthier food will help me feel less anxious or tense.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[CONTINUE](#)

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WHAT DO YOU THINK?

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Getting 60 minutes of physical activity most every day will help me have more energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting 60 minutes of physical activity most every day will help me have a healthier weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting 60 minutes of physical activity most every day will help me look better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting 60 minutes of physical activity most every day will help me be happier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting 60 minutes of physical activity most every day will help me feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting 60 minutes of physical activity most every day will help me be a good role model for my kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting 60 minutes of physical activity most every day will help me feel less depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting 60 minutes of physical activity most every day will help me feel less anxious or tense.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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Please tell us about you



	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I make time to be physically active almost every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not let things get in the way of keeping myself physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for me to be physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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Think about your eating habits over the **past year or so**.

About **how often do you eat** each of the following foods?
Remember breakfast, lunch, dinner, snacks and eating out.

	Less than once a WEEK	Once a WEEK	2 to 3 times a WEEK	4 to 6 times a WEEK	Once a DAY	2 or more a DAY
Any fruit, fresh or canned (not counting juice).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green salad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes, any kind, including baked, mashed or french fried.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable soup, or stew with vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other vegetables, including string beans, peas, corn, broccoli or any other kind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans such as baked beans, pinto, kidney, or lentils (not green beans).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark bread such as whole wheat or rye.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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Think about your eating habits over the **past year or so**.

About **how often do you eat** each of the following foods?
Remember breakfast, lunch, dinner, snacks and eating out.

Please note the answer choices are different than the previous page.

	1 time a MONTH or less	2 to 3 times a MONTH	1 to 2 times a WEEK	3 to 4 times a WEEK	5 or more times a WEEK
Hamburgers, ground beef, meat burritos, tacos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or pork, such as steaks, roasts, ribs, or in sandwiches.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried chicken.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot dogs, or Polish or Italian sausage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold cuts, lunch meats, ham (<u>not</u> low-fat).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon or breakfast sausage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad dressings (<u>not</u> low-fat).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine, butter or mayo on bread or potatoes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine, butter or oil in cooking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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Think about your eating habits over the **past year or so**.

About **how often do you eat** each of the following foods?
Remember breakfast, lunch, dinner, snacks and eating out.

Please note the answer choices are different than the previous page.

	1 time a MONTH or less	2 to 3 times a MONTH	1 to 2 times a WEEK	3 to 4 times a WEEK	5 or more times a WEEK
Eggs (not Egg Beaters or just egg whites).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheese, cheese spread (not low-fat).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole milk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French fries, fried potatoes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn chips, potato chips, popcorn, crackers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doughnuts, pastries, cake, cookies (not low-fat).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice cream (not sherbet or non-fat).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE



Think about your beverage habits over the **past year or so**.

About **how often do you drink** each of the following beverages?
Remember breakfast, lunch, dinner, snacks and eating out.

	Less than 1 time a week	1 day a week	2 days a week	3 days a week	4 days a week	5 days a week	6 days a week	7 days a week	More than 1 time a day
Milk to drink.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Real 100% fruit juice (like orange, apple, grape, fresh, frozen or canned <u>not</u> sodas or other drinks)).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable juice (like tomato juice, V-8 or carrot).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soft drinks and soda/pop (like Coke or 7-up <u>not</u> diet soda)).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit drinks or other sugar sweetened beverages (like Hawaiian Punch, Hi-C, Kool-Aid, Ocean Spray cranberry juice cocktail, Snapple, Sunny Delight, Country Time Lemonade, Sobe, Arizona Ice Tea, sugar sweetened tea <u>not</u> diet drinks)).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy drinks (like RockStar, Red Bull, Monster, Full Throttle <u>not</u> sugar-free)).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar-sweetened specialty coffee drinks (like frappuccino, flavored latte/cappuccino).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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**Try to
remember...**



	Almost never	1 day a week	2 days a week	3 days a week	4 days a week	5 days a week	6 days a week	Every day
How often is the TV on during meals and snacks at your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often is a computer, tablet, video game, smart phone, or electronic educational device (like a Leap Pad) used during meals and snacks at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past week, about how much time each day did you watch TV or movies, play games on the computer or smart phone, or send e-mails or text messages?

(Please report both hours and minutes; for instance, if you spent 5 hours and 0 minutes watching TV and playing games on your smart phone, write 5 hours in the hours box and 0 minutes in the minutes box)

Hours

Minutes

In the past week, about how much time each day did you usually sleep? This may be different than the number of hours spent in bed.

(Please report both hours and minutes; for instance, if you spent 9 hours and 15 minutes sleeping, write 9 hours in the hours box and 15 minutes in the minutes box)

Hours

Minutes

CONTINUE

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Think about your sleep during the last month.
How would you rate your sleep quality overall?

- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

CONTINUE

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**What do
you think?**



	Very good	Good	Fair	Poor	Very Poor
How would you rate your general health ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate your overall knowledge of nutrition ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate the overall nutrition quality of your diet ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about your physical health, which includes physical illness and injury.

During the past 30 days, how many days was your mental health **not** good?

Days

Think about your mental health, which includes stress, depression, and problems with emotions.

During the past 30 days, how many days was your mental health **not** good?

Days

Think about your mental and physical health.

During the past 30 days, how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Days

On how many of the **last 30 days** did you smoke **one or more** cigarettes?

CONTINUE

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Think Back...



	Not at all	Several days	More than half the days	Nearly every day
In the last 2 weeks, how often did you have little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last 2 weeks, how often did you feel down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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Please tell us about you

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
My family almost always seems to be rushed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's a real zoo in our home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You <u>cannot</u> hear yourself think in our home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We fight a lot in our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a feeling of togetherness in our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family really gets along well with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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Which age group(s)
live in your household
right now?
(Check all that apply)



How many children **less than 2 years old** live in your home?

	0	1	2	3	4	5	6	More than 6
How many children less than 2 years old live in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many children between 2 and 6 years old live in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many children between 7 and 12 years old live in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many people between 13 and 18 years old live in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many people between 19 and 30 years old live in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many people between 31 and 55 years old live in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many people 55 years or older live in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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True or False

	Definitely false	Mostly false	Mostly true	Definitely true
I deliberately take small helpings as a way to control my weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am always hungry, so it is hard for me to stop eating before I finish the food on my plate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel sad, I often overeat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consciously hold back at meals in order to <u>not</u> gain weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am always hungry enough to eat at any time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do <u>not</u> eat some foods because they make me fat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel anxious, I find myself eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid "stocking up" on tempting foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do <u>not</u> trust new foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes when I start eating, I just <u>can't</u> seem to stop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel lonely, I console myself by eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid to eat things I have never eaten before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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Tell us about when
you were younger



When you were between the [ages of 5 and 16](#), how often did people make fun of you because of your weight?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Very often

If you were made fun of because of your weight, how upset were you?

- ☐ Not at all upset
- ☐ A little upset
- ☐ Somewhat upset
- ☐ Very upset
- ☐ I was never teased because of my weight

When you were between the [ages of 5 and 16](#), how often did people make fun of you because of your weight or called you names like "fatso" or "skinny"?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Very often

If you were made fun of because of your weight or called you names like "fatso" or "skinny" how upset were you?

- ☐ Not at all upset
- ☐ A little upset
- ☐ Somewhat upset
- ☐ Very upset
- ☐ I was never teased because of my weight

When you were between the [ages of 5 and 16](#), how often did people laugh at you because of your weight?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Very often

If you were laughed at because of your weight, how upset were you?

- ☐ Not at all upset
- ☐ A little upset
- ☐ Somewhat upset
- ☐ Very upset
- ☐ I was never laughed at because of my weight

CONTINUE

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Please tell us about you

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I rarely feel overwhelmed by all the things expected of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I put others first.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I frequently second guess myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often need to rush to get everything done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the ability to resolve cultural differences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I value education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I am not as dependable as I should be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to be nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like dealing with situations that require a lot of thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I serve others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel the work I do is appreciated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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Tell us
about you




	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I will do anything for others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I set high standards for myself and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable in unfamiliar situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I never seem to be able to get organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month I have so many responsibilities that I felt my life was out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of my personal stigmas and bias regarding other cultures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel like I am running out of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I start conversations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I respect diverse cultural groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often late for appointments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable with my knowledge and understanding of other cultures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking is <u>not</u> my idea of fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE


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Tell us about you



	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I am not easily frustrated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to adapt when I am interacting with members of other cultures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can easily push myself forward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are too many demands on my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no trouble approaching people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have too many things to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy learning about health and well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am quick to understand things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not easily bothered by things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find my work interesting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more outgoing than reserved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE

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Please share
your opinion



	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I believe that the HomeStyles Program, when implemented correctly, will have a positive effect on the families involved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that my performance as a Home Visitor will influence the effectiveness of the HomeStyles Program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoyed attending the HomeStyles Training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The HomeStyles Training was well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The length of the HomeStyles Training was just right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The HomeStyles Training provided me with the skills I will need to implement the HomeStyles program effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The HomeStyles Training provided me with the knowledge base I need to implement this program effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to use HomeStyles Guides.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable with my knowledge of community resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable with my knowledge of HomeStyles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to answer questions families may have about HomeStyles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The overall quality of the HomeStyles Training was

- ☐ very poor
☐ poor
☐ fair
☐ good
☐ very good

CONTINUE

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**More
about
you**



What is your age?

Which are you?

- ☐ Male
☐ Female

What is your ethnicity/race? (Choose as many as apply)

- ☐ Hispanic, Latino, or Spanish
☐ White
☐ Black or African American
☐ American Indian or Alaskan Native
☐ Asian Indian
☐ Asian (e.g., Japanese, Chinese, Korean)
☐ Pacific Islander
☐ Other, please specify

What is your highest level of education?

- ☐ less than high school
☐ high school graduate
☐ some college
☐ associates degree/technical school graduate
☐ baccalaureate degree
☐ advanced college degree
☐ Other, please specify

What is your current relationship status?

- ☐ single, never married
☐ single, living with domestic partner
☐ married
☐ divorced
☐ widowed

CONTINUE

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ABOUT YOUR SPOUSE OR PARTNER



What is your **spouse or partner's** highest level of education?

- ☐ less than high school
- ☐ high school graduate
- ☐ some college
- ☐ associates degree/technical school graduate
- ☐ baccalaureate degree
- ☐ advanced college degree
- ☐ Other, please specify

What is your **spouse or partner's** occupation?

In your family, who makes most of the decisions about which foods to buy and serve at meals?

- ☐ Me
- ☐ My partner/spouse
- ☐ My kids
- ☐ Someone else, please specify

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Thank you for completing the survey!
Please provide the information below so that you may receive your \$25 e-Gift card.

Name

E-mail address (Please do not
use a Yahoo address; e-gift cards
often can't be delivered.)

Street Address

City

State

Zipcode

Please indicate how you would like your \$25 payment for completing this survey.
(eGift cards are delivered in about 3 days to your email address)

- ☐ \$25 Walmart eGift Card
- ☐ \$25 Amazon.com eGift Card
- ☐ \$25 Toys "R" Us eGift Card
- ☐ \$25 Macy's eGift Card
- ☐ \$25 Michaels eGift Card
- ☐ \$25 Kohls eGift Card
- ☐ \$25 Bed Bath and Beyond eGift Card

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THANK YOU!



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