Nutrition and Physical Activity in Child Care: The NAP SACC Program

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The goal of the NAP SACC project is to promote healthy eating and physical activity in young children in child care and preschool settings.
NAP SACC Development

- Interviews of child care staff
- Focus Groups with parents
- Review of literature, regulations and best practice guidelines
- Consultation with experts including advisory group

Funding for NAP SACC was provided by the Centers for Disease Control and Prevention, the National Institutes of Health, and the NC Division of Public Health
NAP SACC Steps

1. Self-Assessment
2. Action Planning
3. Workshop Delivery
4. Targeted Technical Assistance
5. Evaluate, Revise, and Repeat
Step 1: Self-Assess

- Center director completes self-assessment instrument with help from key staff, such as the cook, teacher or program planner.

- This should be done without Consultant help.
Nutrition and Physical Activity

Key Areas

- Fruits and Vegetables
- Fried Foods and High Fat Meats
- Beverages
- Menus and Variety
- Meals and Snacks
- Foods Outside of Meals and Snacks
- Adult Role Modeling
- Nutrition Education
- Nutrition Policies

- Active Play and Inactive Time
- TV Use and Viewing
- Play Environment
- Adult Role Modeling
- PA Education
- PA Policies
Step 2: Action Plan

• Initially, director chooses 1 nutrition, 1 physical activity, and 1 other key area to improve.
• Improvements chosen should be facility guided with the Consultant available only for assistance and support.
Step 3: Deliver Workshops

- The NAP SACC Consultant delivers the 5 workshops to center staff at a mutually agreeable time and place.
- These are currently approved for CEUs.
Step 4: Provide Technical Assistance

• Regular follow-up with center to see how they are doing.

• This offers them a means of support, helps break through barriers they may be facing, and facilitate the changes they hope to make.

• This may be the most important step in the process!!
Step 5: Evaluate, Revise and Repeat

- This is not a finite process, but evolving over time.
- After 6 months or earlier if necessary, Director’s complete the self-assessment again.
- What has changed? Did they make the improvements they chose? What would they like to do next?
NAP SACC Tool Kit

NAP SACC Notebook
- Assessment Tool
- Consultation Guides
- Parent Handout
- Center Handouts

Workshops
- Childhood Overweight
- Healthy Eating
- Physical Activity
- Personal Health (2004)
- Working with Families (2006)
NAP SACC Evaluation

Statewide Evaluation
NAP SACC Evaluation

- 96 child care center across 33 counties in NC

- Random assignment into:
  - Intervention
    - Web-trained
    - In-person trained
    - Minimal intervention (Self assessment only)
  - Comparison (delayed intervention)
CCHC and Centers

- ALL active CCHC, except those from the pilot, were invited to participate
- Recruited 33 CCHC
- CCHC identified 3 centers in their county
- NAP SACC staff recruited centers
**Evaluation Design**

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Totals</th>
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</thead>
<tbody>
<tr>
<td>Intervention (in-person</td>
<td>9 CCHC</td>
<td>10 CCHC</td>
<td>9 CCHC</td>
<td>28 CCHC</td>
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<td>training)</td>
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<tr>
<td>Intervention (web</td>
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<td>training)</td>
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<td>Control</td>
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<td>Control</td>
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<tr>
<td>Totals</td>
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<td>84 Centers</td>
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*Additional 12 centers were in a “minimal” intervention group receiving self-assessment only*
Use Observational Outcome Measure

- **EPAO**: Environment and Policy Assessment and Observation
- Based on NAP SACC program and standards
- Completed by trained field observers
Evaluation Outcomes

• 2 centers closed during the evaluation period
• 15 centers did not receive the intervention
  – 3 CCHC (9 centers)
  – 6 additional centers did not start the intervention
## Item Analysis

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<tr>
<th></th>
<th>Mean</th>
<th>Low</th>
<th>High</th>
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<tbody>
<tr>
<td><strong>Nutrition</strong></td>
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<tr>
<td>Control</td>
<td>-0.50±7.5</td>
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<td>+15</td>
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<tr>
<td>Intervention</td>
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<td>+29</td>
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<td><strong>Physical Act</strong></td>
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<tr>
<td>Control</td>
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<td>+11</td>
</tr>
<tr>
<td>Intervention</td>
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<td>-5</td>
<td>+15</td>
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</table>
Overall Results

• Intervention centers increased scores in both the nutrition and physical activity areas, although greater changes were seen in the nutrition area.
Process Evaluation: Action Plans

• 16 centers targeted a change in milk (from whole to reduced fat or skim)
  – 9 centers made this change and while 7 did not
  – Some centers made big changes (from whole to skim)

• 11 centers targeted fruit/vegetables
  – 5 changed fruit; 3 changed vegetables
  – Few were able to target both
Process Evaluation: Action Plans

• 14 centers targeted increasing structured (some type of staff led) physical activity
  – 6 centers made this change, 8 did not
• 10 centers targeted parent nutrition and 12 centers targeted physical activity education
  – Of these 22 centers, only 1 center was able to achieve this objective
NAP SACC: Future Directions
States Using NAP SACC Intervention Materials

NAP SACC Project
National Dissemination Efforts

• NAP SACC was selected as an “effective practice-based intervention”
• Received funds from the Center for Excellence in Training and Research Translation to revise and prepare NAP SACC for dissemination
Timeline

• Currently, access can be granted to the current NAP SACC training web site
• Contact napsacc@unc.edu
• New CDC-funded site will be available January, 2008
NAP SACC Publications


• Benjamin, S, Ammerman, A, Sommers, J, Dodds, J, Ward, DS. Improving nutrition and physical activity environments in child care: Results from the NAP SACC pilot project. Nutrition Education and Behavior. 2007;39(3):142-149.

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