

SMART START PILOT GRANTS

Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC)

Final 2009 Evaluation Report

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Overview of Smart Start Pilot Grant Program

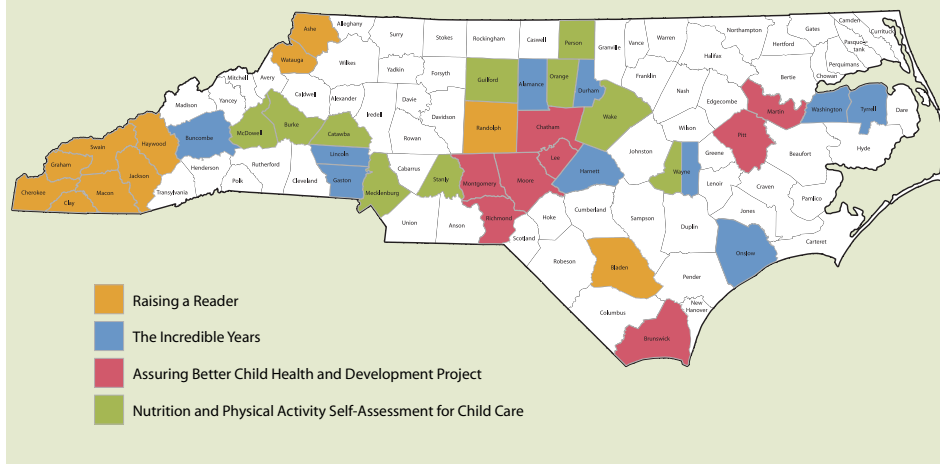
The Smart Start Pilot Grant Program targets critical issues facing young children and their families. With limited resources, Smart Start adopted a strategic, high-impact approach by piloting evidence-based programs in a diverse range of communities across the state. To be selected, programs needed to: (1) be innovative, (2) produce clearly defined child or family outcomes, and (3) have the potential to become a statewide model.

Table 1. Critical Issues and Pilot Programs

Critical Early Childhood Issue	Smart Start Pilot Grant Program
Childhood obesity	Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)
Identification of children with developmental delays or concerns	Assuring Better Child Health and Development (ABCD)
Pre-reading skills	Raising a Reader (RAR)
Parenting skills that address children's challenging behaviors	The Incredible Years BASIC Parent Training Program—Early Childhood (IY)



Figure 1. Counties Receiving 2007–2009 Grants



As of June 2009, 26 pilot grant programs finished implementation of these evidence-based programs in 38 counties (Figure 1).

Scope

This report focuses on the Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC) Pilot Grant Program and provides information about the program and its participants, findings, conclusions, and recommendations.

Table 2. Location and Distribution of Participating Centers

County	Number of Centers
Burke	11
Catawba	21
Guilford	33
McDowell	4
Mecklenburg	14
Orange	9
Person	7
Stanly	9
Wake	10
Wayne	10
TOTAL	128

The Obesity Epidemic and the Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC) Program

Obesity in kids is now an epidemic in the United States according to the National Institutes of Health.¹ In North Carolina, the percentage of children ages 2 to 4 who are overweight or at risk for becoming overweight has increased from 22% in 1995 to almost 32% in 2008.² Early childhood programs can play an important role in combating the obesity epidemic. Approximately 37% of North Carolina’s children between the ages of 2 and 5 are enrolled in licensed child care centers,³ and they may consume between 50% and 100% of their Recommended Dietary Allowances while at the center.⁴

The NAP SACC program partners with state-trained child care health consultants who work with early childhood programs to improve nutrition and physical activity practices and policies. Smart Start introduced NAP SACC in November 2007 with the intention that participating centers would demonstrate improvement in nutritional and physical activity practices as measured by NAP SACC data gathered before and after the program.

Table 3. Star Ratings of Participating Centers

Star Rated License Level	Number of Centers
★	1
★★	0
★★★	65
★★★★	51
★★★★★	11

Participants

Between November 2007 and June 2009, the NAP SACC Pilot Grant Program reached 6,047 children between the ages of 2 and 5 years from 128 centers in 10 counties. Almost all of the participating centers had at least a 3-star rated license.

- <http://www.nih.gov/news/WordonHealth/jun2002/childhoodobesity.htm>
- North Carolina Nutrition and Physical Activity Surveillance System (2008) Retrieved on September 17, 2009 from <http://eatsmartmovemorenc.com>
- North Carolina Office of State Planning and the North Carolina Division of Child Development
- <http://www.napsacc.org>

Childhood obesity rates are especially high in ethnic minority children and children from low-income families.⁵ Data show that the program reached children most likely in need of this intervention. Specifically, 46% of children birth through 5 years in the participating centers received child care subsidies and 45% were non-White (Figure 2).

NAP SACC Assessment

Child care programs implemented the NAP SACC program from November 2007 through June 2009. The *Nutrition and Physical Activity Self-Assessment for Child Care* (NAP SACC) survey⁷ was used to determine changes in the quality of nutritional and physical activity practices and policies at each child care center. This survey includes 52 items measuring specific areas in nutrition, such as how often healthy food is offered, and specific areas in physical activity, such as providing time for active play. Participating center directors completed the NAP SACC assessment before they received technical assistance to improve nutritional and physical activity practices and policies and again after the program ended. Each center selected 2–3 key areas to improve; some focused more on nutrition, while others focused more on physical activity.

Findings

Nutrition

- **Programs made significant gains in their overall nutrition practices. About half (52%) of the programs demonstrated significant improvement in their overall nutrition practices (Figure 3).**
- The average nutrition practices rating before the program began was 2.6. At the end of the program, the average nutrition practices rating was 3.1.
- Significant changes were made in the following areas:
 - Meats, Fats, and Grains (e.g., lean meats instead of fried meats)
 - Beverages (e.g., water and milk instead of sugary drinks)
 - Menus and Variety (e.g., offering new foods)
 - Foods Offered Outside of Regular Meals and Snacks (e.g., offering healthy food during holidays)
 - Supporting Healthy Eating (e.g., staff and children eat together)
- Compared to 4- and 5-star rated child care programs, directors of 3-star rated programs reported greater reduction in children's consumption of fatty foods and sugary drinks as well as support for healthy eating.

Figure 2.
Ethnicity of Children in Pilot NAP SACC Centers⁶

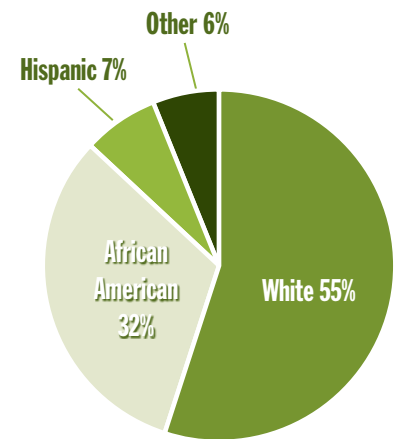


Figure 3.
Nutrition Practices Scores



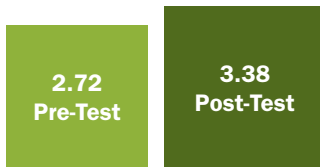
Scores range from 1 to 4 with higher scores reflecting best practices for nutrition.

5. Kumanyika, S., & Grier, S. (Spring 2006). Targeting interventions for ethnic minority and low-income populations. *The Future of Children*, 16(1), 187-207.

6. Percentages are based on children 2 to 5 years of age

7. Ammerman, A. S., Benjamin, S. E., Sommers, J. K., & Ward, D. S. (2004). *The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) environmental self-assessment instrument*. Division of Public Health, NC DHHS, Raleigh, NC, and the Center for Health Promotion and Disease Prevention, The University of North Carolina at Chapel Hill. Revised May 2007.

Figure 4.
Physical Activity Practices Scores



Scores range from 1 to 4 with higher scores reflecting best practices for physical activity.

Success Story

A child care center in Guilford County reported the following: Because of this program there have been many positive changes in our center. We improved our menu planning. We learned that it was okay to serve the children water instead of juice twice a week. We also began to serve different kinds of vegetables and beans instead of always using the standards such as green beans, corn and potatoes. The children really have enjoyed our menu changes and welcome trying different food items.

Another improvement in our center is that we now have a very nice room where the children can play and exercise during inclement weather. NAP SACC helped us get new equipment and toys for this room. Our teachers have learned how to interact in physical activities with the children. This makes exercise more fun for the children. We are very excited about how this wonderful program has improved our center.

Physical Activity

- Programs made significant gains in their overall physical activity practices. About half (53%) of the programs demonstrated significant improvement in their overall physical activity practices (Figure 4).
- Significant changes were made in the following areas:
 - Active Play and Inactive Time (e.g., frequent times for active play outside)
 - Play Environment (e.g., variety of safe play equipment)

Conclusion and Recommendations

The results from this evaluation suggest that child care directors who participated in the NAP SACC intervention reported statistically significant changes in their program's overall nutrition and physical activity practices.

According to center directors' reports, children's consumption of fatty foods and sugary drinks as well as support for healthy eating improved significantly after participating in NAP SACC.

NAP SACC is a promising intervention, thus future evaluations should include independent observations of nutrition and physical activity practices rather than relying solely on self-reported data from participating child care center directors. It may also be beneficial to determine the effectiveness of NAP SACC in lower quality programs (i.e., 1- and 2-star), particularly since this evaluation was primarily limited to 3-, 4-, and 5-star centers and directors of 3-star programs reported greater gains than directors of 4- and 5-star programs.

Smart Start thanks the Apple Gold Group and the BlueCross BlueShield North Carolina Foundation for investing in the NAP SACC program.

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