



Center for Community
and Public Health

**Communities Putting Prevention to Work
Starting Young NAP SACC Child Care Initiative
May 1, 2010 – January 31, 2012**

Final Report – March 15, 2012

1. Background and Purpose of CPPW Funding

A. Overview

The NAP SACC program was funded through *Communities Putting Prevention to Work*, a federal grant to expand the use of evidence-based strategies and programs, mobilize local resources at the community-level, and strengthen the capacity of states. The initiative had a strong emphasis on policy and environmental change at both the state and local levels and aimed to:

- Increase levels of physical activity;
- Improve nutrition;
- Decrease obesity rates; and
- Decrease smoking prevalence, teen smoking initiation, and exposure to second-hand smoke.

B. Component I Statewide Policy and Environmental Change

The US CDC provided funds to states and communities to plan and implement evidence-based policy and environmental changes using the MAPPS framework (Media, Access, Pricing, Point of decision information and Social support). The strategy selected by Maine CDC under the physical activity (PA) requirement was policy change that would require daily structured PA in licensed childcare settings.

C. Contract with UNE Center for Community and Public Health/Maine Prevention Research Center

MaineCDC contracted with UNE Center for Community and Public Health/Maine Prevention Research Center (MPRC) to identify evidence-based strategies for policy change in child care centers and to develop a process for statewide dissemination and monitoring. The Maine PRC worked with HMPs in previous years on child care nutrition and physical activity policies. CPPW provided an opportunity to enhance and expand that work. A separate contract for training/technical assistance (TA) and evaluation was given to USM Muskie School.

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

NAP SACC, the evidence-based program developed by the University of North Carolina, Chapel Hill, was selected as the child care intervention. NAP SACC is a research-based program that includes nutrition and physical activity best practices for children ages 3-5 in child care centers. The program was also selected because the NAP SACC consultant model can be implemented using the existing Health Maine Partnership structure. In

addition, the extensive NAP SACC program materials and training were available on-line free of charge.

The NAP SACC model includes the following components:

- a. **Self Assessment** of nutrition and physical activity practices and environment completed by child care center staff
- b. Development of an **Action Plan** in coordination with the HMP staff contact, called the “consultant”
- c. Delivery of **five workshops** for child care center staff: Childhood Obesity, Healthy Eating, Physical Activity, Personal Health, and Working with Families
- d. **Technical assistance** and follow up provided by the NAP SACC consultant
- e. **Re-Evaluation** to determine what policies and practices were changed

NAP SACC program materials included:

- Self Assessment forms
- Consultant Technical Assistance Manual
- Action Planning document
- PowerPoint slides, scripts and handouts
- Informational materials about NAP SACC
- NAP SACC Implementation Guide
- Handouts for staff and families in English and Spanish

All participating HMPs received a binder of the NAP SACC materials as well as a CD Rom with a copy of all materials.

3. **Implementation**

A. **Core Planning Team**

The planning team for the NAP SACC CPPW program included Maine CDC staff (Dawn Littlefield and Doug Beck) and USM Muskie Maine Nutrition Network staff (Lori Kaley and Amy Root) and UNE/MainePRC staff. The evaluator, Sarah Martin, also participated in several meetings. The team made decisions on process and timeline for recruitment and distribution of funds and provided technical assistance to the HMPs on NAP SACC implementation.

B. **Recruitment of HMPs and Child Care Centers**

Many Healthy Maine Partnerships were working with, or planned to work with, child care centers as part of their contract deliverables. The NAP SACC project provided incentives that would assist HMPs in recruiting child care centers to participate in nutrition and physical activity improvements. The planning team set a goal of 20 HMPs. A request for participation went out in July 2010 for the first round of funding.

Sixteen (16) HMPs applied and were awarded funding. In August 2011, a second request for participation went out. Eight (8) HMPs responded (1 new HMP) and 6 were awarded.

A total of 17 HMPs participated in the NAP SACC program throughout the CPPW funding period. These HMPs recruited 36 child care centers in the first round of the program and 8 child care centers in the second round (some centers were repeats from round 1.)

C. Distribution of Funds

The planning team decided to allocate \$1000 per HMP to work with 2 or more child care centers. To receive funding, HMPs agreed to complete all components of the NAP SACC program and funds were to be used *by the child care centers to implement the action plan goals*. The funds were released to the HMP once the self assessment was received. The HMPs worked with child care centers on appropriate items to purchase with the funds. One HMP received an additional \$500 because the staff person was working with 5 centers.

An additional \$500 per HMP was allocated in the first round to be used by the HMP to implement the program. These funds could be used for staff time, travel to centers and/or training, copying materials, etc.

Round 2 funding was \$200 per HMP to work with one or more child care center and was released once the self assessment was received. Round 2 required HMPs to agree to complete all of the NAP SACC components. However, only the self assessment and action plan documents were required to be completed by the time the CPPW funding ended.

D. Coordination of Technical Assistance and Training

In January 2011 the Maine Prevention Research Center held its yearly obesity conference on the topic of obesity prevention in child care centers. Diane Ward, Ph.D., developer of NAP SACC, presented at the conference to staff from child care centers and HMPs. In addition, USM Muskie staff delivered 3 training sessions on the NAP SACC materials and process. Participating HMPs were required to attend one training. USM also coordinated optional monthly TA calls for updates and discussion of issues.

UNE staff worked closely with the USM and Maine CDC staff on issues and concerns. Whenever possible, UNE staff attended the monthly TA calls and attended all three NAP SACC trainings. The team members were in regular contact to ensure upcoming due dates were highlighted and problems were discussed in monthly calls.

E. Monitoring

To effectively monitor the implementation of the program, UNE staff provided HMP staff with a list of documents and due dates. To reduce duplication and paperwork, HMPs were required to only submit documents that were already part of the NAP SACC program – self assessment, action plan, workshop evaluation, post assessment and monitoring guide. UNE staff contacted HMPs whenever documents were missing or deadlines missed. The documents received were tracked on a NAP SACC tracking form and shared with team members.

4. **Results** (*Note: The changes in child care center policies and practices were documented and reported by the CPPW evaluator and were not part of this contract.*)

More than 2,000 children were enrolled in participating child care centers either in the first or second round of the program. (Approximately 1,950 children attended the centers that participated in the first round.)

A. Completed Post Assessments

Of the 36 original self assessments received, 30 post assessments were submitted. The 6 centers that did not complete the post assessments did not do so due to the following:

- The closing of 2 child care centers
- 1 center did not complete the program when the HMP was not refunded
- 2 HMPs could not finish the program by the deadline but are still working with 3 centers

B. Key Areas of Improvement for Action Plans

After completion of the self assessment, each child care center selected 2-5 areas to improve (goals) based on the assessment results. The CPPW funding required at least one physical activity goal. Nutrition education for parents and staff and nutrition policies were the two areas most often chosen for nutrition. The play environment and education for parents and staff were the two areas most often selected for physical activity.

Centers chose the following areas of focus:

	Number of Centers
Nutrition	
N1 Fruits and Vegetables:	9
N2 Meats, Fats, and Grains:	5
N3 Beverages:	9
N4 Menus and Variety:	5
N5 Feeding Practices:	1
N6 Food Offered Outside of Regular Meals and Snack:	4
N7 Supporting Healthy Eating:	6
N8 Nutrition Education for Staff, Children, and Parents:	14
N9 Nutrition Policy:	10
Physical Activity	
PA1 Active play and Inactive Time:	5
PA2 Play Environment:	13
PA3 Supporting Physical Activity:	12
PA 4 Physical Activity Education for Staff, Children, and Parents:	14
PA5 Physical Activity Policy:	6

C. Educational Workshops

Each child care center received five educational workshops -- childhood obesity, healthy eating, physical activity, personal health, and working with families. Workshops were completed by the HMP NAP SACC consultant using pre-developed PowerPoint slides and scripts. Workshop delivery varied from 1 day for all 5 workshops to 1 day for each workshop. Most were completed in 3 days or more. The HMP NAP SACC consultants delivered the workshops as follows:

All 5 workshops completed in:

- 1 day: 4 child care centers
- 2 days: 6 child care centers
- 3 days: 4 child care centers
- 4 days: 8 child care centers
- 5 days: 6 child care centers
- Unknown: 2

D. Technical Assistance Follow Up

HMP NAP SACC consultants were in contact with child care centers throughout the process from the initial self assessment to the post assessment. Technical assistance was provided in the following way:

- In person: 63 contacts
- Email: 46 contacts
- Phone: 36 contacts
- Other/unknown: 2 contacts

Initial follow-ups tended to be in-person; last follow-ups tended to be via email or phone.

E. Child Care Center Interest in Continuing

Child care centers were asked if they were interested in continuing to work on NAP SACC projects. Most centers wanted to continue:

Number expressed interest in continuing:

- Yes: 20 child care centers
- No: 4 child care centers
- Maybe/don't know: 2 child care centers
- No answer: 4 child care centers

F. How Funds Were Spent

HMPs provided funds to child care centers to help complete action plans. The most common purchase was outdoor play equipment. The funds were spent as follows:

Item	Centers
Outdoor portable and fixed play equipment	13
Books/posters/CD's supporting nutrition and physical activity	8
Nutrition and physical activity curriculum/toolkits	6
Healthy food/snacks	3
Improved indoor/outdoor water access	2

Garden materials	2
Trips to grocery store	2
Presenter	2
Play food/play kitchen	2
Radios	1
Bulletin Board	1
Materials for shed to protect play equipment	1

G. **Reported Successes**

HMPs were asked to identify successes and the following summarizes some successes:

- Improved indoor and outdoor water access
- Interested in gardening
- Parent education programs.
- Family style dining
- PAN policy updated
- Combined trainings went well
- Passing healthy snacks/ celebrations policy
- Menu changes were well received by parents and children
- Improved Nutrition Policy and food choices
- Improved PA facilities
- Kids enthused by gardening
- Better food policy
- More physical activity
- Including parents in education around nutrition and physical activity
- Grocery tour at Hannaford to identify healthy foods
- Nutrition policy
- Article was published in the Two Cent Times
- Used audio CD's instead of TV
- Parent handouts
- Playground was expanded

5. **Lessons Learned and Recommendations for the Future**

The planning team met on February 9, 2012 to discuss program improvements and suggestions for future implementation. Recommendations are listed below (in no particular order):

- Develop a plan for addressing consultant staff turnover. Throughout the course of the CPPW funding there were at least 7 or 8 staff who either came on after the training session or replaced staff who went to training. We had an ad hoc method for dealing with this. A specific plan to address turnover would have allowed us to address turnover in a more consistent way.

- Having funds as incentives to child care centers to participate was extremely helpful in the recruitment of the centers. The expectations are different when funding is provided. The high rate of post assessment completion was probably due to the funding received.
- Expectations for the completion of all components of the NAP SACC program need to be monitored. It would be very easy to skip a few steps because people get busy. Having expected documentation and due dates kept everyone on track.
- There are many components to the NAP SACC program so a full day training is needed and particular focus should be on how to complete the action plans. If the action plans are not completed in a way that clearly identifies policy and practice changes based on the self assessment, it will be difficult to evaluate success.
- Clarifying the role of consultant was an ongoing challenge and one that needs continual reinforcement.
- The team approach to implementing this program from the state level seemed to be confusing to some people. It may be helpful to have one person responsible for all communication.
- Review and update the PowerPoints – add some Maine data and pictures.

6. List of Attachments

- Application Form Round 1
- Application Form Round 2
- Time Lines and Due Dates
- NAP SACC Tracking Document Final
- List of HMP Sites
- List of Child Care Centers and Number of Students for Round 1

7. References

- Ammerman AS, Ward DS, Benjamin SE, Ball SC, Sommers JK, Molloy M, et al. *An intervention to promote healthy weight: Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) Theory and Design*. *Prev Chronic Dis* [serial online] 2007 Jul [March 12, 2012]. Available from: http://www.cdc.gov/pcd/issues/2007/jul/06_0115.htm.
- Promoting Good Nutrition and Physical Activity in Child-Care Settings. A Research Brief, May 2007. Healthy Eating Research. Robert Wood Johnson Foundation.

8. Report Authors

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