

Nutrition and Physical Activity  
Self-Assessment in Child Care



(n a p s a c c)



hello!

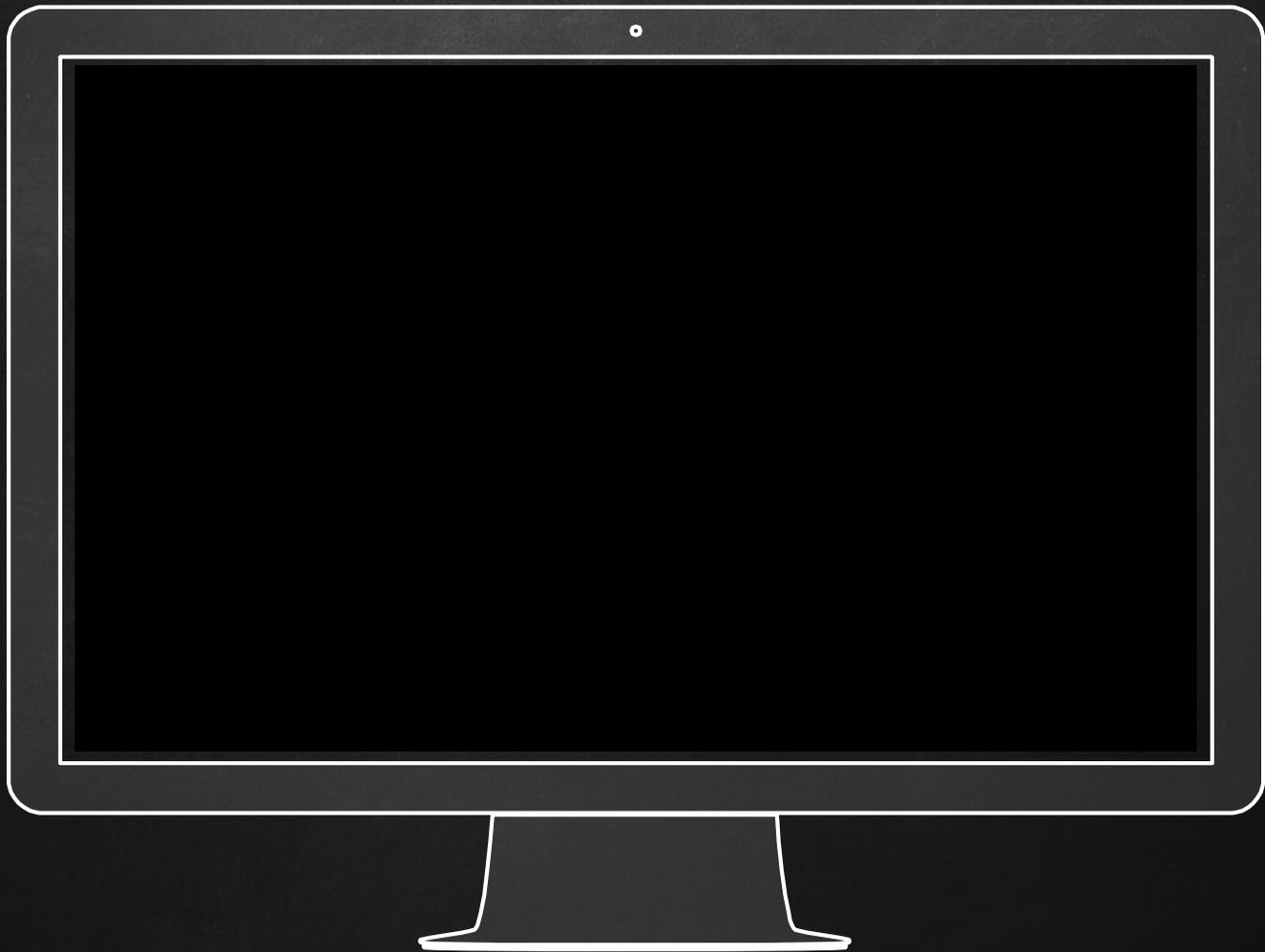
**I am Erin Olson**

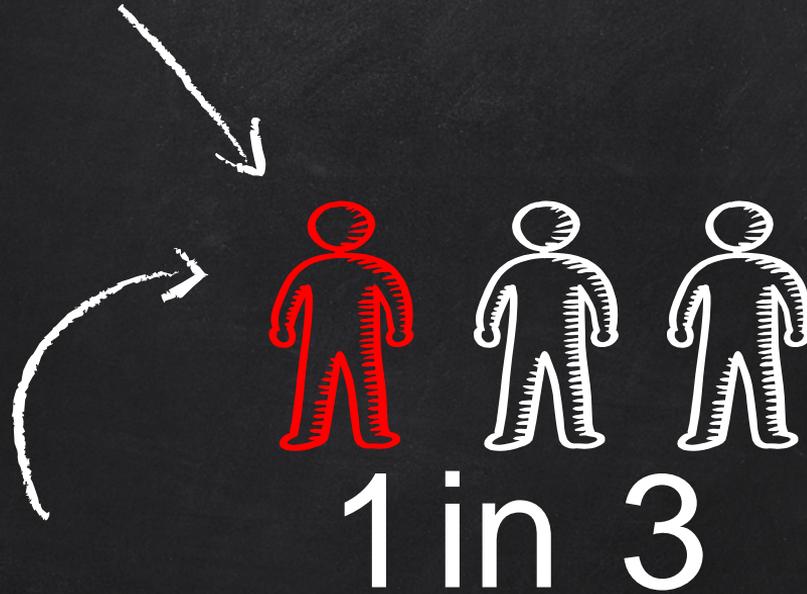
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Let's talk about the problem...





Children and adolescents, aged 2- 19 ARE OVERWEIGHT OR OBESE and nearly NONE meet healthy diet and physical activity recommendations.



12,500,000

Children aged 5 and younger, spend 33 HOURS PER WEEK in CHILD CARE SETTING where they may CONSUME MOST OF THEIR DAILY CALORIES.



## Childhood Obesity numbers

French fries are the most common vegetable children eat making up **25%** of their vegetable intake

Juice makes up **40%** of children's daily fruit intake

**40% - 50%** of toddlers aged 12-35 months watch **MORE** television than is recommended.

.....

# The **COST** of obesity

in the United States is staggering, totaling about

**\$147 billion.**

.....

Children who **EAT HEALTHY FOODS** and  
**GET DAILY PHYSICAL ACTIVITY** have:

- **FEWER SCHOOL ABSENCES**
- **HIGHER ACADEMIC ACHIEVEMENT**
- **HIGHER SELF-ESTEEM**
- **FEWER BEHAVIORAL PROBLEMS**



## Risk Factors



X Children in their early teens who are obese and who have high triglyceride levels have arteries similar to those of a 45 year old.

X Children who are overweight from ages of 7 to 13 may develop heart disease as early as age 25.

X Obese children as young as age 3 show indicators for developing heart disease later in life.

X Obese children are twice as likely to die before age 55 than their slimmer peers.

# Research on BMI & head start

## Changes in Body Mass Index Associated With Head Start Participation

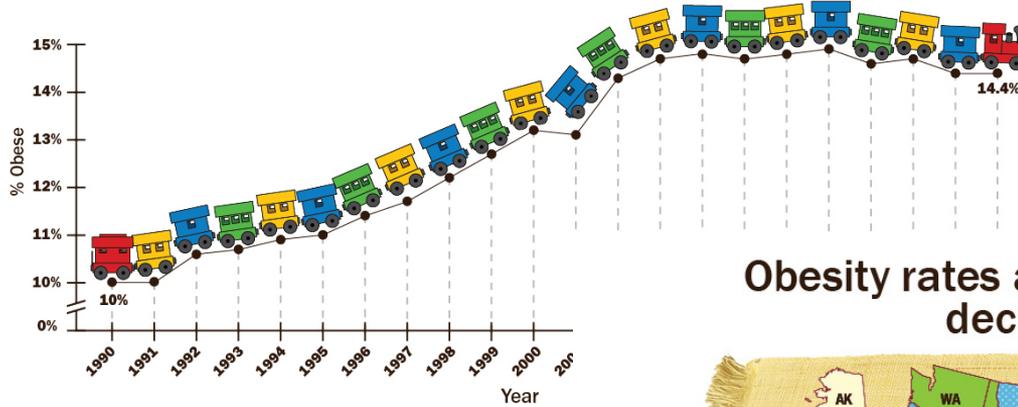
X BMI for 19,000 kids in the Michigan Head Start programs. They compared these kids to similar children in a primary care electronic health record database, including more than 5,000 covered by Medicaid and 19,000 not covered by Medicaid.

X Based on BMI, the Head Start group was the unhealthiest at the beginning of the study, with almost 17% of kids qualifying as obese. More than 12% of the Medicaid group and 7% of the non-Medicaid group fell into the same category.

### CONCLUSION:

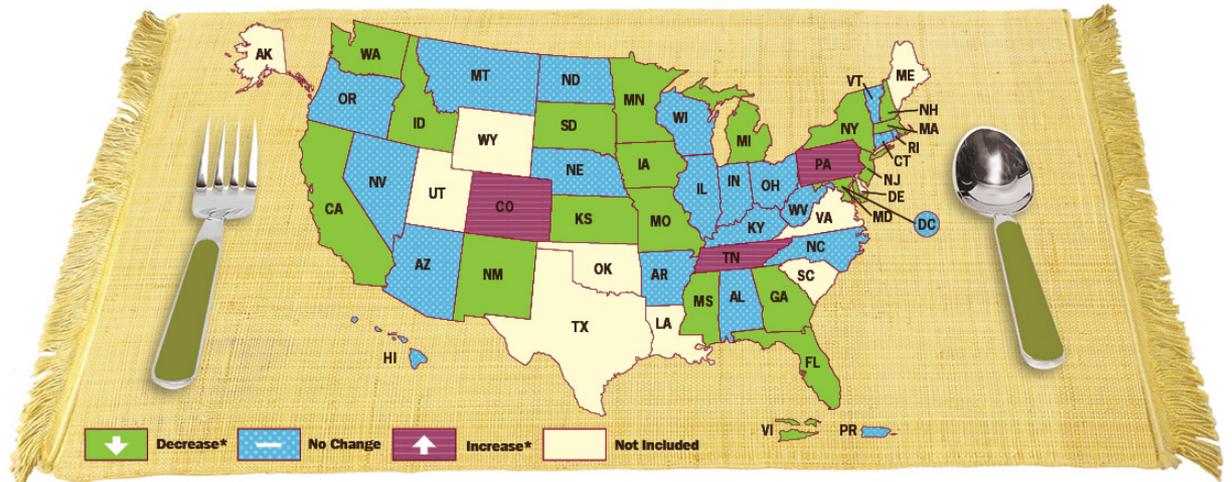
- X Kids who entered Head Start obese had their BMI scores decline more over the first academic year than obese kids in either comparison group.
- X At the start of kindergarten, those who had been in Head Start had lower BMIs on average than kids from either comparison group.

## Obesity rates among low-income preschoolers starting to decrease



SOURCE: Pediatric Nutrition Surveillance 2011 Report. [http://www.cdc.gov/pednss/pednss\\_tables/p](http://www.cdc.gov/pednss/pednss_tables/p)  
 Want to learn more? Go to [www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)

## Obesity rates among low-income preschoolers decreased in many states



SOURCE: CDC Vital Signs, August, 2013. [www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns). Pediatric Nutrition Surveillance System, 2008-2011. \*Represents statistically significant annual decrease or increase in obesity. To learn more about how childhood obesity is measured, see <http://www.cdc.gov/obesity/childhood/basics.html>.



X “Although obesity remains epidemic, the tide has begun to turn for some kids in some states. While the changes are small, for the first time in a generation they are going in the right direction. Obesity in early childhood increases the risk of serious health problems for life.”

**Tom Frieden, MD, MPH** - Director of the Centers for Disease Control and Prevention



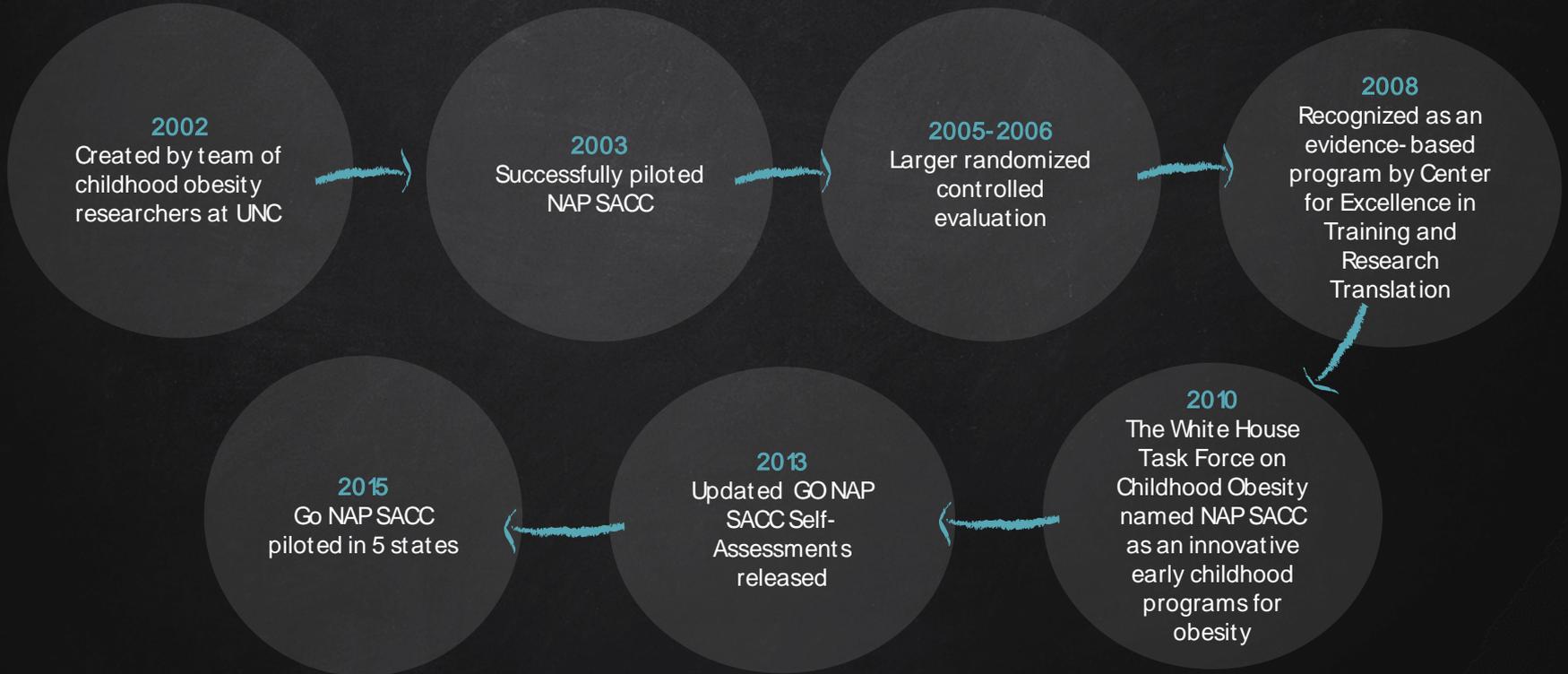
## What is NAP SACC?

Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) is designed to promote healthy child development by supporting healthy eating and physical activity in child care.

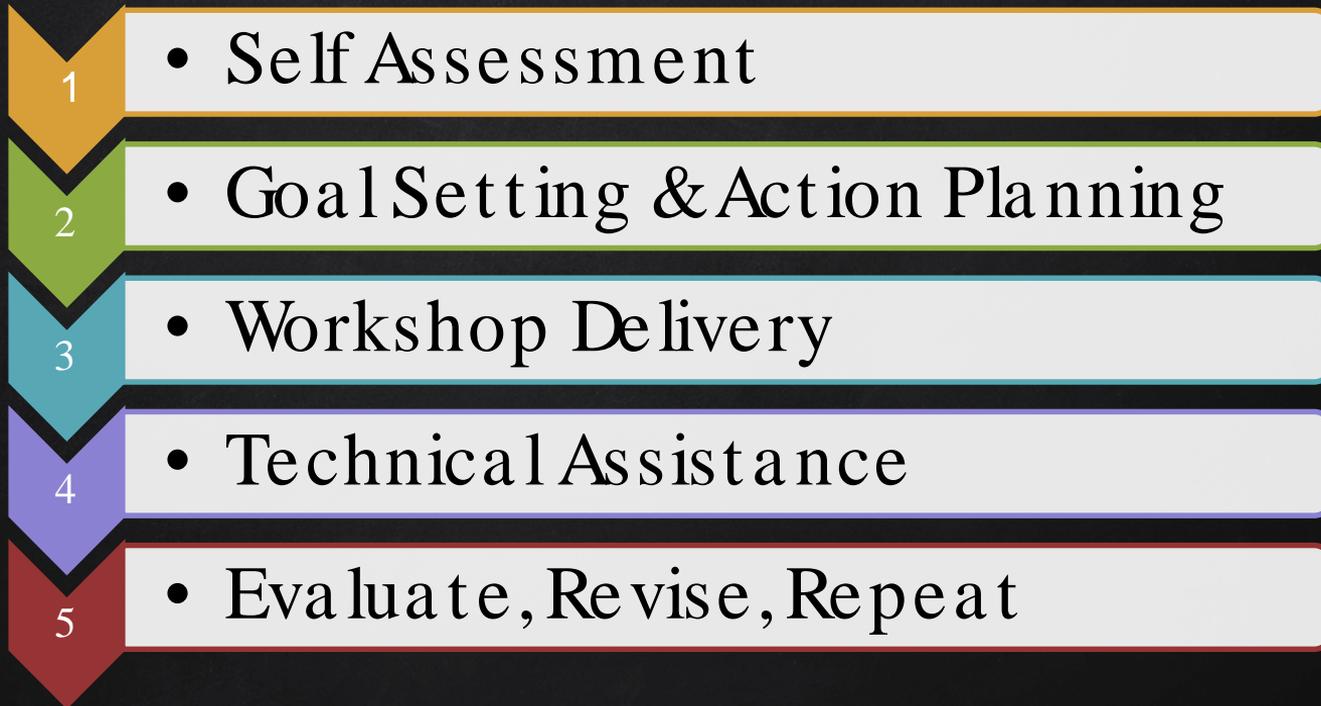
1. Child Nutrition
2. Breastfeeding and infant feeding
3. Infant & child physical activity
4. Outdoor play and learning
5. Screen time



# NAP SACC History



# The 5 Steps of NAP SACC



1.

Self assessment





## NAP SACC Action Planning Document

Facility Name: \_\_\_\_\_

Date: \_\_\_\_\_ Target Date for Evaluation: \_\_\_\_\_

### Areas for Improvement/Specific Goals:

Self-Assessment Area	Goals	Target date for completion
Nutrition Area:	1.	
	2.	
	3.	
Physical Activity Area:	4.	
	5.	
	6.	
Additional Area:	7.	
	8.	
	9.	

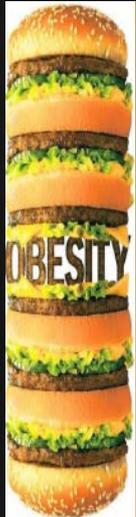
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3.

Continuing education for  
Child Care Providers



# SUPERSIZING Our Children

Childhood Obesity



# Eat Right, Grow Strong

Nutrition for Young Children



# Moving Children to Good Health

Physical Activity for  
Young Children



# Stepping Toward a Healthy Lifestyle

Personal Health & Wellness



# Growing Healthy Kids Together

Working with Families to Promote  
Healthy Weight Behaviors





**D. Best practice: Active playtime should never be withheld for children who misbehave and additional active playtime should be given for good behavior.**

**Rationale:** Limiting a child's active playtime as punishment encourages inactivity and could lead to long-term negative attitudes or feelings toward active play. Children will associate physical activity not with a healthy lifestyle or fun, but rather with being bad or good. Punishment through physical activity restriction can increase the risk of overweight and the associated health problems in childhood as well as later in life.

Challenges for implementing this policy/practice:	Tips for changing current practice:
The facility does not have other alternatives set up to control misbehavior.	<ul style="list-style-type: none"><li>Encourage the facility to develop strategies to encourage good behavior through positive reinforcements or use some type of "time out" period, which is not associated with loss of active playtime.</li></ul>
Staff believe that active playtime is a reward, not a critical educational period.	<ul style="list-style-type: none"><li>Provide information and education to staff about the importance of regular physical activity for children's physical, mental and emotional development.</li></ul>
Parents restrict active playtime as a punishment at home.	<ul style="list-style-type: none"><li>Work with parents to help them understand the importance of physical activity for young children. Parents can also help develop a discipline model that can be used both at school and home.</li></ul>



5.

Evaluate, Revise, Repeat



## IDPH- 1305 Project Year 1 & 2 Successes

- X Created new “mudpie” kitchen play area
- X Serving only 1 high fat meat a week
- X Offer water in pitcher at meal times
- X Offer (teacher led) physical activity to children 2 or more times a day
- X Increase the number of minutes of physical activity
- X New menu with fewer processed foods
- X Incorporate physical activity across the curriculum spectrums of science math and literacy.



When served quinoa the first time, most of the children asked for seconds!

The favorite of the children and staff are the hula hoops that I have made. With the training and equipment I have seen an increase in physical activity. With NAP SACC I have also been able to work on menu improvements with centers, which had been a challenge in the past.”



## IDPH- 1305 Project

- X Currently in year 3
- X Piloting in 2 CCR&R Regions (Regions 1 & 3)
- X 41 Centers and in-homes participating in project



# Child Care Provider Requirements



## NAP SACC Provider Verification Form Nutrition and Physical Activity Self-Assessment for Child Care



CONTACT NAME:		BUSINESS NAME:	
PHONE NUMBER:		E-MAIL:	
ADDRESS:	CITY:	ZIP CODE:	COUNTY:

Environment:  Licensed Center     Registered Child Development Home     A  B  C     Non-registered Home

### VERIFICATION OF REQUIREMENTS

Check the boxes as steps are completed.

- Completed Application
- Completed the five required NAP SACC self-assessments.
- Met with the CCR&R Child Care Consultant to identify one nutrition and one physical activity goal, as well as create an action plan that documents one or more policy and/or environmental change to the child care setting.
- Attended 5 hours of NAP SACC training workshop.
- Received Color Me Healthy Kit to implement program, along with Farmer's Market Kit and playground balls.
- Verified that 1/3 of all full time staff attended the training by completing the NAP SACC Provider Staff Roster Form (if applicable).
- One on-site consultation on developing a physical activity action plan and policy completed \_\_\_\_\_ (Date)
- One on-site consultation on developing a nutrition activity action plan and policy completed \_\_\_\_\_ (Date)
- Completed the NAP SACC Provider Revised Goal Setting Action Planning Document.
- Submitted completed written NAP SACC Narrative Success Story Form on a physical and a nutritional activity.
- Completed W-9 IRS Form \_\_\_\_\_ (Date)

Monetary Incentive: Please indicate incentive by checking the appropriate program box:

- Child Development Home - \$500
- Center/Pre-school - \$1,000  
*(Please note that 1/3 of full-time staff are required to attend training to receive incentive)*

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CCR&R Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Internal Use Only:

\_\_\_\_ NAPSACC 135-2-695-0B-0000-10

Form completed by: \_\_\_\_\_ Authorized by: \_\_\_\_\_



Go nap sacc



Go NAP SACC is the next generation of NAP SACC, featuring new tools on an interactive website.

	Let's Move Child Care (LMCC)	NAP SACC	Go NAP SACC (in development)
Topics	Physical activity (PA) Screen time Healthy eating Healthy beverages Infant feeding	Nutrition Physical activity Provider- child interactions around food and physical activity Educational opportunities for children, parents, & providers Program policies related to nutrition and PA	Child nutrition Infant feeding /breast feeding Infant & child physical activity Outdoor play & learning Screen time
Target Population	Birth to 5	2- 5 years	Birth to 5
Evaluation	No study has been conducted to analyze effectiveness	Randomized control trial (RCT) conducted	No study has been conducted to analyze effectiveness
Outcome Measures	Meeting all 5 LMCC goals (achieving the best practices on the LMCC Checklist Quiz items)	Child- care nutrition and physical activity environments, policies, and practices	Child- care nutrition and physical activity environments, policies, and practices
Outcome Evaluation Tools	Online Assessment Quiz	Environment and Policy Assessment and Observation (EPAO) instrument - observation and review of pertinent center documents	Environment and Policy Assessment and Observation (EPAO) instrument - observation and review of pertinent center documents
Results	None	Exploratory analyses using only centers that completed most of the NAP SACC program suggest an intervention effect	Not yet available
Implementation Time	Variable (depends on results of self- assessment)	6 months +	6 months +
Strengths	Comprehensive Relatively easy to implement Nationally recognized program Can be completed entirely online	Has been evaluated Evaluation tools available Guidance and technical assistance from NAP SACC consultant provided	Will be more comprehensive than NAP SACC and aligned better with LMCC. Will be online
Weaknesses	Has not been evaluated All data are self- reported	Time- consuming to implement Difficult to schedule workshops	Training not yet available Time- consuming to implement Has not been evaluated





thanks!

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Any questions?

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