Nutrition and Physical Activity
Self-Assessment in Child Care

(nap sacc)
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.
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

- Children in their early teens who are obese and who have high triglyceride levels have arteries similar to those of a 45 year old.
- Obese children as young as age 3 show indicators for developing heart disease later in life.
- Obese children who are overweight from ages 7 to 13 may develop heart disease as early as age 25.
- 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

- 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.

- 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:
- Kids who entered Head Start obese had their BMI scores decline more over the first academic year than obese kids in either comparison group.

- 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

Want to learn more? Go to www.cdc.gov/vitalsigns

Obesity rates among low-income preschoolers decreased in many states

To learn more about how childhood obesity is measured, see http://www.cdc.gov/obesity/chilhood/basics.html.
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

2002
Created by team of childhood obesity researchers at UNC

2003
Successfully piloted NAP SACC

2005-2006
Larger randomized controlled evaluation

2008
Recognized as an evidence-based program by Center for Excellence in Training and Research Translation

2010
The White House Task Force on Childhood Obesity named NAP SACC as an innovative early childhood programs for obesity

2013
Updated GO NAP SACC Self-Assessments released

2015
Go NAP SACC piloted in 5 states
The 5 Steps of NAP SACC

1. Self Assessment
2. Goal Setting & Action Planning
3. Workshop Delivery
4. Technical Assistance
5. Evaluate, Revise, Repeat
1. Self assessment
Goal setting and action planning

Facility Name: 

Date: 

Target Date for Evaluation: 

Areas for Improvement/Specific Goals:

<table>
<thead>
<tr>
<th>Self-Assessment Area</th>
<th>Goals</th>
<th>Target date for completion</th>
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<tbody>
<tr>
<td>Nutrition Area:</td>
<td>1.</td>
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<td>2.</td>
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<td>Physical Activity Area</td>
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<td>5.</td>
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<td>Additional Area:</td>
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<td>9.</td>
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</table>
3. Continuing education for Child Care Providers
SUPERSIZING Our Children

Childhood Obesity

Eat Right, Grow Strong
Nutrition for Young Children

Growing Healthy Kids Together
Working with Families to Promote Healthy Weight Behaviors

Moving Children to Good Health
Physical Activity for Young Children

Stepping Toward a Healthy Lifestyle
Personal Health & Wellness
4. Technical assistance and Consultation
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.

<table>
<thead>
<tr>
<th>Challenges for Implementing this policy/practice:</th>
<th>Tips for changing current practice:</th>
</tr>
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<tbody>
<tr>
<td>The facility does not have other alternatives set up to control misbehavior.</td>
<td>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.</td>
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<tr>
<td>Staff believe that active playtime is a reward, not a critical educational period.</td>
<td>Provide information and education to staff about the importance of regular physical activity for children’s physical, mental and emotional development.</td>
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<tr>
<td>Parents restrict active playtime as a punishment at home.</td>
<td>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.</td>
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5.
Evaluate, Revise, Repeat
IDPH- 1305 Project Year 1 & 2 Successes

- Created new “mudpie” kitchen play area
- Serving only 1 high fat meat a week
- Offer water in pitcher at meal times
- Offer (teacher led) physical activity to children 2 or more times a day
- Increase the number of minutes of physical activity
- New menu with fewer processed foods
- 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.”
I DPH- 1305 Project

- Currently in year 3
- Piloting in 2 CCR&R Regions (Regions 1 & 3)
- 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 first 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-one consultation on developing a physical activity action plan and policy completed ____________ (Date)
☐ One-on-one 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 N-9 IRS Form: ____________ (Date)

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

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

Provider Signature: ___________________________ Date: ____________
CC&R Staff Signature: ___________________________ Date: ____________

[For Internal Use Only]
____ NAP SACC 795-2-095-08 (Nov-10)

Form completed by: ___________________________ Authorized by: ___________________________
Go NAP SACC is the next generation of NAP SACC, featuring new tools on an interactive website.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Let’s Move Child Care (LMCC)</th>
<th>NAP SACC</th>
<th>Go NAP SACC (in development)</th>
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</thead>
</table>
| 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/breastfeeding  
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!

Any questions?

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