

# SMART START PILOT GRANTS

## Nutrition and Physical Activity Self-Assessment for Child Care

### May 2008 Evaluation Report

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### Overview of the Smart Start Pilot Grant Program

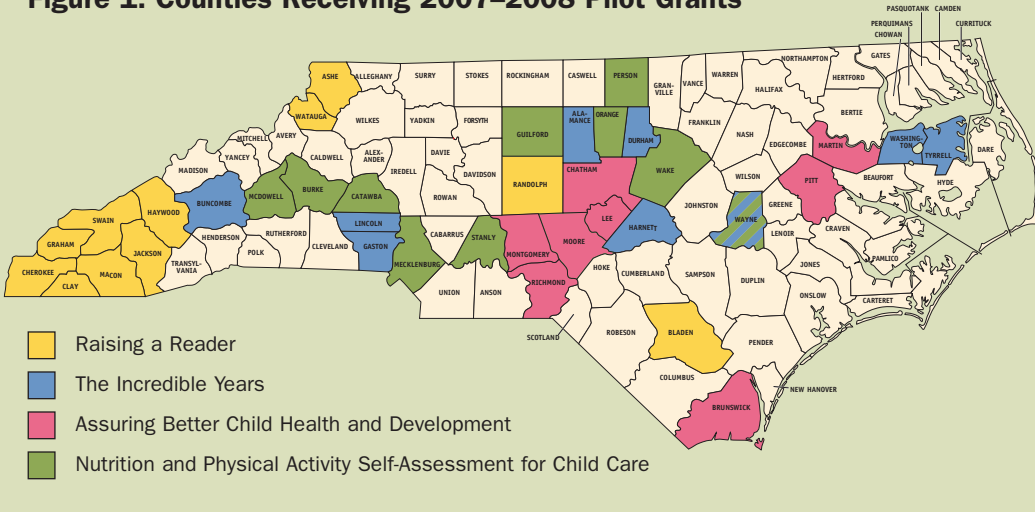
The Smart Start Pilot Grant Program targets four critical issues facing young children and their families (see Table 1). To address these critical issues with limited resources, Smart Start adopted a strategic, high-impact approach by piloting evidence-based programs in a diverse range of communities 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 state-wide model (see Table 1 for list of programs).

**Table 1. Critical Issues and Pilot Programs**

Critical Early Childhood Issue	Smart Start Pilot Grant Program
Reduce childhood obesity	Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)
Identify children with developmental delays or concerns	Assuring Better Child Health and Development
Improve children's pre-reading skills	Raising a Reader
Increase parenting skills that address children's challenging behaviors	The Incredible Years: BASIC Parent Training Program—Early Childhood



**Figure 1. Counties Receiving 2007–2008 Pilot Grants**



**Scope**

As of April 2008, 23 pilot grant programs began implementation in 36 counties (Figure 1).

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, lessons learned, and next steps.

**Table 2. Location of Participating Centers**

County	Number of Centers
Burke	6
Catawba	11
Guilford	15
Mecklenburg	6
Orange	4
Person	7
Stanly	4
Wake	10
Wayne	4

Note: McDowell County will begin offering services in FY 2008–2009.

**Table 3. Star Ratings of Participating Centers**

Star Level	Number of Centers
★	1
★★	0
★★★	42
★★★★	17
★★★★★	7

**Description of the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) Program**

NAP SACC is an intervention in child care centers with the goal of improving nutrition and physical activity practices and policies that impact children between the ages of 2 and 5. 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 slightly less than 31% in 2006.<sup>1</sup> Approximately 52% of North Carolina’s children between the ages of 2 and 5 are enrolled in licensed child care centers.<sup>2</sup> These children may consume between 50% and 100% of their Recommended Dietary Allowances while at a child care facility.<sup>3</sup>

To address the steady increase in childhood overweight/obesity among two to five year-olds, the NAP SACC program model uses state-trained child care health consultants who work with child care center directors to improve nutritional and physical activity practices and policies.

The intended outcome for the NAP SACC Pilot Grant Program is that 75% of participating centers completing action plans will demonstrate improvement in nutritional and physical activity practices, as measured by NAP SACC data gathered before and after the intervention program.

**Participants**

- So far, the NAP SACC Pilot Grant Program has reached 3,446 children between the ages of 2 and 5 years from 67 centers in 9 counties (Table 2).
- Almost all of the participating centers have at least a 3 Star Rated License (Table 3).

1. North Carolina Nutrition and Physical Activity Surveillance System (2006). *Trends in overweight*. Retrieved on April 1, 2008, from <http://www.eatsmartmovemorenc.com/data/index.html>  
 2. Source: North Carolina Office of State Planning and the North Carolina Division of Child Development  
 3. Source: <http://www.napsacc.org/>

Childhood obesity rates are especially high in ethnic minority children and children from low-income families.<sup>4</sup> Data show that the program is reaching children most likely in need of this intervention.

- 43% of children birth through 5 years in the participating centers receive child care subsidies.<sup>5</sup>
- For a breakdown of the ethnicity of children enrolled in NAP SACC participating centers, see Figure 2 at right.

## Nutritional and Physical Activity Practices Before Implementation of the NAP SACC Program

In January 2008 before the child care programs received technical assistance to improve nutritional and physical activity practices and policies, participating center directors completed the NAP SACC assessment. The NAP SACC assessment rates the quality of nutritional and physical activity practices and policies at each child care center. Highlights of practices and policies prior to the NAP SACC intervention are provided below.

### Nutrition Practices

Scores range from 1 to 4, with higher scores indicating healthier practices. The average nutrition practices rating before the program began was 2.6, with a range from 1.9 to 3.5. A few examples of areas of concern are noted.

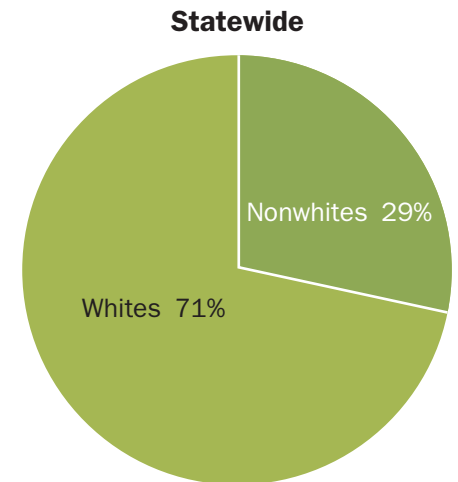
- 76% of the center directors reported that their programs never or rarely offer nutrition education, such as workshops, to families.
- 51% of center directors reported that they do not have a written policy about nutrition and food service.
- 47% of the center directors reported that opportunities for training on nutrition are offered to staff less than one time per year, or never.

### Physical Activity Practices

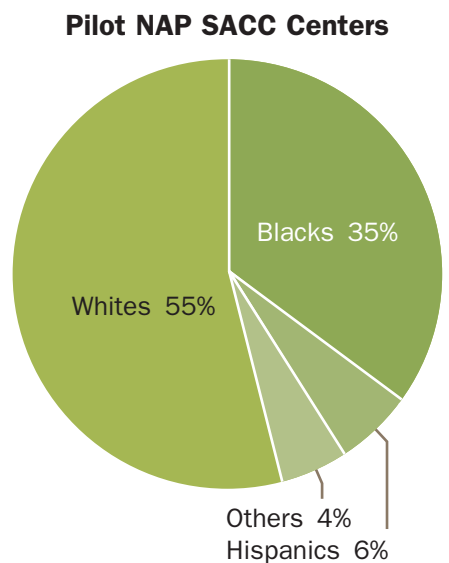
Scores range from 1 to 4, with higher scores indicating healthier practices. The average physical activity practices rating before the program began was 2.7, with a range from 1.8 to 3.5. A few examples of areas of concern are noted.

- 80% of center directors reported that they do not have a written policy on physical activity practices.
- 53% of center directors reported that opportunities for training in physical activity are never or rarely provided to staff.
- 48% of center directors reported that they never or rarely use a curriculum for physical activity education.

**Figure 2.**  
Ethnicity of Children, Statewide  
and in NAP SACC Centers



Source: <http://demog.state.nc.us/>



<sup>4</sup> Kumanyika, S., & Grier, S. (Spring 2006). Targeting interventions for ethnic minority and low-income populations. *The Future of Children*, 16(1), 187-207.

<sup>5</sup> Division of Child Development Report. (January 2008)

## Success Story

As one of their NAP SACC goals, a child care center in Person County selected serving family-style meals instead of having adults serve the food to children. Center staff agreed to try family-style meals once a week. Since the center began to involve the children in serving their own meals, children have begun to ask for second helpings of healthy foods such as tossed salad—something that never happened before the NAP SACC program. With this noticeable improvement in children's eating habits, center staff plan to serve all their meals family-style.

## Lessons Learned

During the first six months of implementing the NAP SACC Pilot Grant Program, The North Carolina Partnership for Children, Inc., noted the following lessons:

- The pilot grantees were able to begin the NAP SACC program in a short amount of time because of the availability of a child care health consultant with previous experience in child care centers. Smart Start's ongoing support of the child care health consultant infrastructure helped the pilot grantees begin this program quickly.
- The pilot grantees found the training and curriculum to be readily available and easy to use.
- In counties where there were few other opportunities for nutrition training, just having access to training was an incentive for center directors to participate in the program.
- Scheduling training for child care staff was challenging, particularly in large counties. Several of the programs had to offer the same training on multiple occasions.
- Pilot grantees pointed to the need for a plan both to continue and to expand the NAP SACC program. Current centers will need more follow-up. In addition, there is a need to expand the program to more centers.

## Plans for Fiscal Year 2008–2009

Child care centers currently involved in the NAP SACC Pilot Grant Program will continue to receive services through June 30, 2008. Data about nutrition and physical activity practices will be collected again in June 2008, after child care centers complete the NAP SACC program. These data collected after the intervention has ended will help determine whether the program was effective in increasing the targeted health practices in the participating centers. Results will be reported in September 2008. Information gleaned from this first group of child care centers will be used to inform practices with the second group of centers. The second group of child care centers will begin receiving NAP SACC services in July 2008.

Smart Start thanks the **Apple Gold Group** for investing in the NAP SACC program.

For more information about the Smart Start Pilot Grant Program, contact Vivian Muzyk (919) 821-9571 [vmuzyk@ncsmartstart.org](mailto:vmuzyk@ncsmartstart.org).

