



Nebraska Team Nutrition Strengthens the Environments and Policies of Child Care Centers Through the Implementation of an Evidence-based Model, Nutrition and Physical Activity Self-Assessment for Child Care Centers (NAP SACC)



NEBRASKA Nutrition And Physical Activity Self-Assessment for Child Care

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Introduction

Nebraska Team Nutrition has adopted and modified NAP SACC model to assist child care facilities enrolled in CACFP in improving their nutrition and physical activity environments, including policies and practices, for the prevention of obesity in preschool aged children. NAP SACC is a viable and sustainable approach to implementing comprehensive health changes through policy, systems and environmental initiatives in child care centers and in collaboration with local and state partners in Nebraska.

Objectives

1) describe the process for implementing successful trainings for Nebraska child care centers that participate in CACFP and community partners, 2) identify the evidence of success and sustainability in Nebraska child care centers and communities, 3) identify the key components to implementing best practices in nutrition and physical activity, and 4) describe the key components of the Nebraska model for policy, systems and environmental changes that have been enacted and essential partners who are necessary for local child care centers and community success.

Partnerships

NAP SACC efforts in NE began in 2010 when NE DHHS received federal funding to use the NAP SACC model and adapt it for child care homes. Then in 2011, NE TN received funding to work with 10 child care centers across the state. Since 2011 other professional organizations across the state have received funding to partner and carry out NAP SACC as well, such as the Child & Adult Care Food Program (CACFP) Sponsor Organizations, University of Nebraska-Lincoln Extension, local health departments, and local non profit organizations.

Infrastructure Achievements

Since 2014, NE TN and DHHS has partnered to provide at least 2 train-the-trainer events. It is an eight hour training in which staff from the state level train the new trainers (which typically already have a nutrition or health background) from the various professional organizations on the process of Go NAP SACC, as well as providing the new trainers with resources and materials. The trainers receive technical assistance/support from the state staff on a monthly basis via e-mails, conference calls, in-person visits, etc. In 2010, there were only approximately 10 trainers and it has now grown to 40 trainers as a result of increased funding and partnerships.

Evaluation Tool

NAP SACC survey/self-assessment pre and post consists of a) 23 questions on breastfeeding environment, b) 45 questions on child nutrition, c) 22 questions on infant and child physical activity, d) 20 questions on outdoor play and learning, and e) 12 questions on screen time. Additionally, qualitative data is collected in form of written policies and success stories.

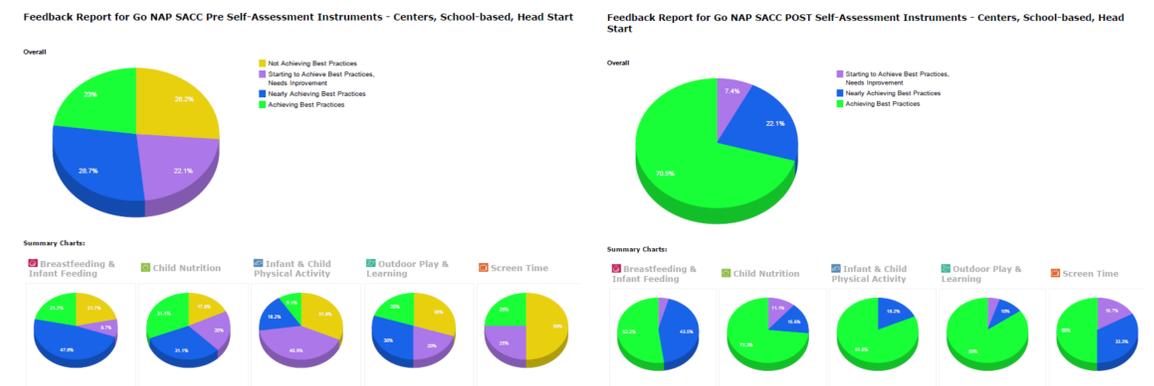
Methodology/Process

1. NAP SACC trainer recruits childcare providers.
2. Childcare providers complete pre-self assessment online.
3. Childcare providers attend 6 continuing education workshops.
4. NAP SACC trainer and childcare provider write goals and create action plan.
5. NAP SACC trainer provides technical assistance as childcare provider works to accomplish goals on action plan.
6. Childcare provider completes post-self assessment online and provide an implemented policy in their centers
7. Childcare provider receives provider incentives and continuing education hours.

Results

Since 2010, approximately 500 child care homes (reaching approximately 5,000 children in family based child care) and approximately 150 child care centers (reaching approximately 7,500 children in centers) have participated in NAP SACC.

Quantitate Data



Qualitative Data

“We have changed the policy for birthday celebrations. We have given the parents some healthy options of foods they can bring to celebrate their child’s birthday. We were nervous how it would go over with the parents and children but they have been very receptive to this change.”

Conclusions and Implications

NE TN believes childcare providers are a vital part of the solution to reducing the epidemic of childhood obesity as healthy habits are formed early and a large percentage of children spend a significant portion of their day in licensed childcare centers and homes. It is critical to identify successful state led initiatives and coordinate with programs at the state and local levels to implement sustainable approaches for child care centers. With 2011-13 and 2014-16 TN Grant, the Nebraska model has reached almost 100 child care centers participating in CACFP and trained 40 NAP SACC trainers from local and state organizations.