



# Go NAP SACC: An Effective Approach in Meeting the Best Practices of Nutrition and Physical Activity for Early Childhood Obesity Prevention

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NEBRASKA Nutrition And Physical Activity Self-Assessment for Child Care

## BACKGROUND

Nebraska Team Nutrition has adopted and modified the 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 children ages (0-5).

### Why using GO NAP SACC assessment tool?

GO NAP SACC is a viable and sustainable approach to implementing comprehensive health changes through policy, systems and environmental initiatives in child care facilities and in collaboration with local and state partners in Nebraska.

## STUDY OBJECTIVES

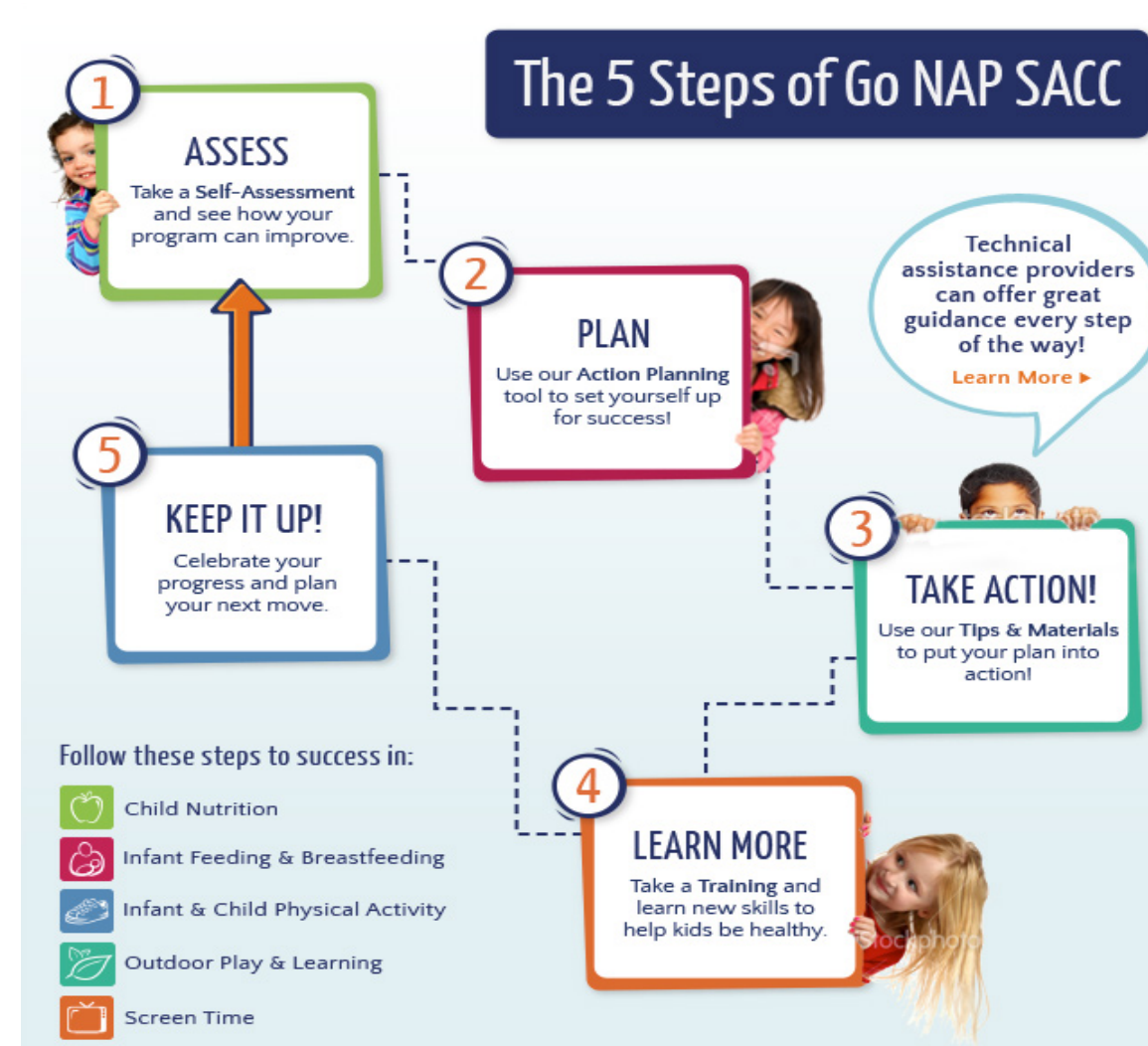
- Identify the evidence of success and sustainability in Nebraska child care facilities and communities.
- Define the key components to implementing best practices in nutrition and physical activity.
- Describe the key components of the Nebraska model, success stories for policy, systems and environmental changes that have been enacted and essential partners who are necessary for local child care facilities and community success.

## METHODS

### Design and Population

Table 1. NE Go NAP SACC Reach

	Homes	Centers
Total Number of ECEs to Date	411	290
Initial Profile Completed	32	30
Pre-Assessment Completed	379	260
Post-Assessment Completed	238	128
No. of Step up to Quality ECEs	90	150



- GO NAP SACC is a validated measure to assess compliance with best practices.

### Data Collection

- Surveys distributed and completed online
- Participants rated characteristics of their programs, including current practices related to nutrition and physical activity practices including 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.

### Data Analysis

Descriptive statistics were conducted using SPSS.

USDA is an equal opportunity provider and employer

## RESULTS

Chart 1. Average Changes by Assessment Area and Program Type

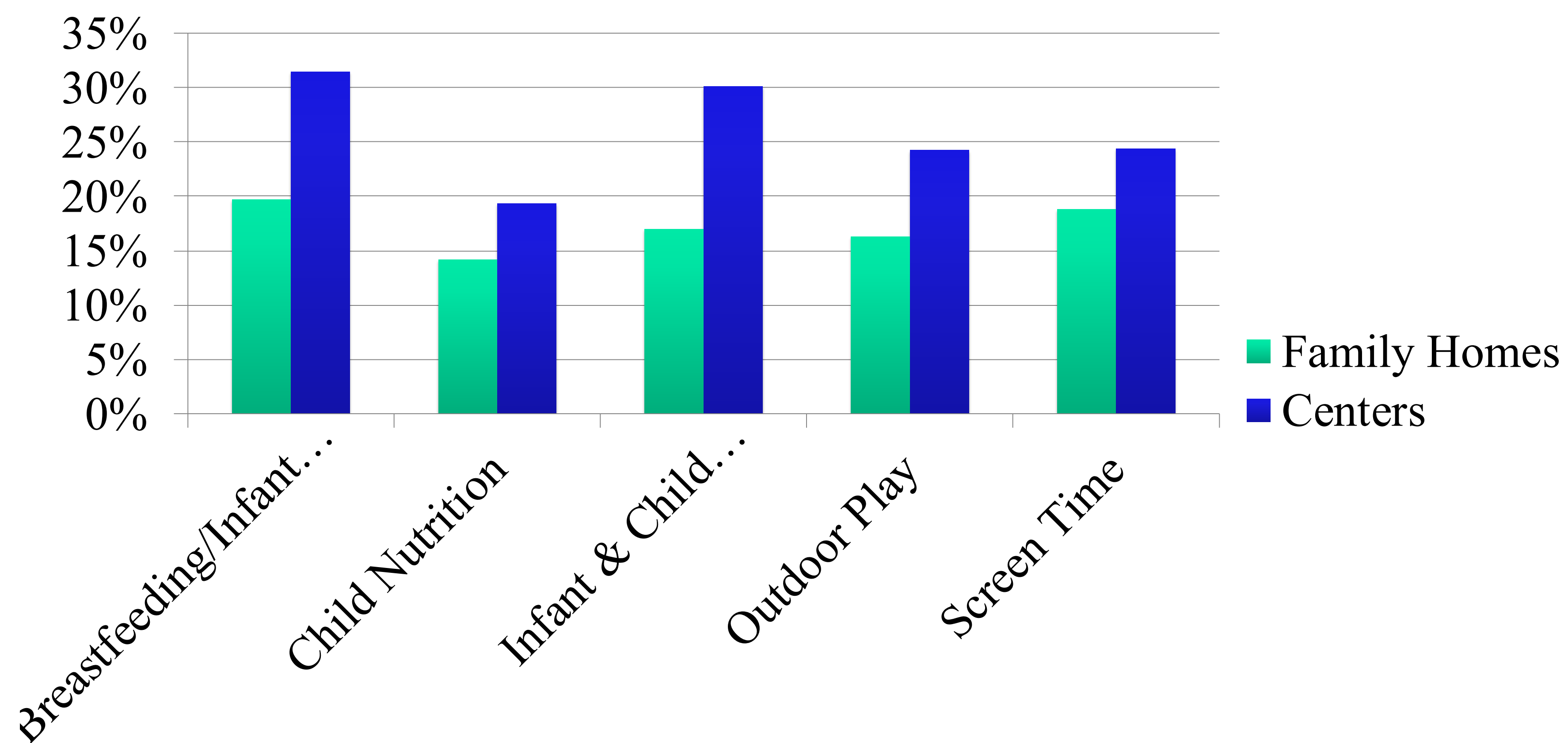


Table 2. Family Homes Changes (n=238 facilities)

Pre-Assessment Averages	Post-Assessment Averages	Change in Average
<ul style="list-style-type: none"> <li>■ Breastfeeding/Infant Feeding ■ 45.11%</li> <li>■ Child Nutrition ■ 51.07%</li> <li>■ Infant &amp; Child Physical Activity ■ 34.52%</li> <li>■ Outdoor Play ■ 28.00%</li> <li>■ Screen Time ■ 36.74%</li> </ul>	<ul style="list-style-type: none"> <li>■ Breastfeeding/Infant Feeding ■ 76.55%</li> <li>■ Child Nutrition ■ 70.4%</li> <li>■ Infant &amp; Child Physical Activity ■ 64.61%</li> <li>■ Outdoor Play ■ 52.23%</li> <li>■ Screen Time ■ 61.1%</li> </ul>	<ul style="list-style-type: none"> <li>■ Breastfeeding/Infant Feeding ■ 31.44%</li> <li>■ Child Nutrition ■ 19.33%</li> <li>■ Infant &amp; Child Physical Activity ■ 30.09%</li> <li>■ Outdoor Play ■ 24.23%</li> <li>■ Screen Time ■ 24.36%</li> </ul>

Table 3. Center Changes (n=128 facilities)

Pre-Assessment Averages	Post-Assessment Averages	Change in Average
<ul style="list-style-type: none"> <li>■ Breastfeeding/Infant Feeding ■ 49.82%</li> <li>■ Child Nutrition ■ 50.27%</li> <li>■ Infant &amp; Child Physical Activity ■ 40.14%</li> <li>■ Outdoor Play ■ 42.95%</li> <li>■ Screen Time ■ 27.4%</li> </ul>	<ul style="list-style-type: none"> <li>■ Breastfeeding/Infant Feeding ■ 69.5%</li> <li>■ Child Nutrition ■ 64.44%</li> <li>■ Infant &amp; Child Physical Activity ■ 57.11%</li> <li>■ Outdoor Play ■ 59.25%</li> <li>■ Screen Time ■ 46.21%</li> </ul>	<ul style="list-style-type: none"> <li>■ Breastfeeding/Infant Feeding ■ 19.68%</li> <li>■ Child Nutrition ■ 14.17%</li> <li>■ Infant &amp; Child Physical Activity ■ 16.97%</li> <li>■ Outdoor Play ■ 16.3%</li> <li>■ Screen Time ■ 18.81%</li> </ul>

## DISCUSSION

### Implications for Practice

- Providers scored relatively lower on education and professional development and policy dimensions across all practices.
- Professional development needed for:
  - Providing staff and parent educational opportunities.
  - Engaging children in nutrition education
  - Family style dining in CACFP programs.

### Implications for Policy

- The finding of this study showed GO NAP SACC is a sustainable approach to implementing comprehensive health changes through policy, systems and environmental initiatives in child care facilities and in collaboration with local and state partners in Nebraska.
- CACFP participation has the potential to contribute to an overall child care environment that promotes the development of healthy eating and physical activity behaviors.
- However, there is still room for improvement across nutrition and physical activity practices and policies in CACFP.

### Implications for Research

- Further studies are warranted to clarify the barriers and facilitators of obesity prevention in family and center-based child care settings.
- Considering the high standard for participating in CACFP, future studies comparing these findings to non-CACFP participating programs are warranted.

## CONCLUSION

- Although childcare facilities in Nebraska were meeting standards at pre-test, they were still able to strengthen their policies and practices by using GO NAP SACC.
- Continued technical training and support and participation in CACFP may assist programs in sustaining improved practices and policies.

## PROJECT PARTNERS

