Too Big, Too Soon! Combating Obesity in Early Childcare
[ The NAP SACC Program]

Combating Obesity: The Healthy Hampton Roads Leadership Summit

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Nutrition and Physical Activity in Child Care
The NAP SACC Program

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Objectives

• Describe the childhood obesity epidemic and major contributors

• Describe why NAP SACC is important

• Explain in detail the steps of the NAP SACC intervention

• Describe challenges to implementation and strategies to overcome challenges

• Visualize how NAP SACC can look in your area
They banned soda pop in Los Angeles schools 'cuz they say it makes kids fat!

What's next... Nintendo?
Obesity Trends* Among U.S. Adults
(*BMI ≥30, or about 30 lbs. overweight for 5’4” person)

1990

2005

2000

2010

Source: Behavioral Risk Factor Surveillance System, CDC.
2012 CDC Obesity Map

Prevalence* of Self-Reported Obesity Among U.S. Adults
BRFSS, 2011

Source: Behavioral Risk Factor Surveillance System, CDC.
National Statistics

• 63.6 percent of adults are overweight (35.8) or obese (27.8)\(^1\)

• 26.7 percent of children aged 2-5 years old are overweight or obese\(^2\)

• 30.5 percent of low-income children aged 2-5 are overweight (16.1) or obese (14.4)\(^3\)


Virginia Statistics

- 63.4 percent of adults in Virginia are overweight (34.2) or obese (29.2)¹
- 32.1 percent of low-income children aged 2-5 in Virginia are overweight (16.5%) or obese (15.6%)²
  - Eastern Shore - 18%
  - Hampton - 15%
  - Western Tidewater - 14%
  - Peninsula - 13%
  - Norfolk -11%³

Prevalence of obesity among low income children ages 2-4, 2006-2008, percent by county

Percent

Sources: Pediatric Nutrition Surveillance System data mapped in the Food Environment Atlas
Figure 1: Trends in obesity among children and adolescents aged 2-19 years, by sex: United States, 1971-1974 through 2009-2010

Age of Onset of Pediatric Overweight in CMC

Presented Research Day, WV AAP & PAS
Health Risks of Obesity in Children

Heart Disease
- Total cholesterol
- Serum triglycerides
- Blood pressure

Breathing Problems

Type 2 Diabetes

Musculoskeletal Problems

Weight Discrimination
60 percent of overweight children 5-10 years of age already have at least one risk factor for heart disease (high cholesterol, high triglycerides, or high blood pressure)
Child care plays a role

~60% of 3-6 year olds are in some type of non-parental care.

Child care setting is ideal for promoting early development of healthy behaviors.
NAP SACC Program Identified as one of three model programs to address obesity prevention in child care.

The other programs noted were Nemours Childhood Obesity Model, supported by the Nemours Health and Prevention Services and I am Moving, I am Learning, a health promotion and obesity prevention enhancement developed for Head Start.
What is...

Nutrition And Physical Activity Self Assessment for Child Care
Center for Training and Research Translation (Center TRT)

Two main functions:

- Training
  - In-person
  - Web-based
- Translation and Dissemination of best available evidence (best practices)
NAP SACC Steps

1. Self-assessment
2. Action Planning/Goal Setting
3. Workshop Delivery
4. Targeted Technical Assistance
5. Evaluate, revise, and repeat
Core Elements of NAP SACC

- Goal Setting and Action Planning
- Continuing Education for Child Care Providers
- Skill Building Activities
- Technical Assistance and Consultation
- Follow-up and Reinforcement
Step 1: Self-Assessment

- Facility director completes self-assessment instrument with help from key staff, such as the cook or program planner.
14 Key Nutrition & Physical Activity Areas

- Food and beverages served
- Menus and Variety
- Feeding Practices
- Foods Outside of Meals and Snacks
- Support for Healthy Eating
- Nutrition Education
- Nutrition Policies
- Active Play and Inactive Time
- Play Environment
- Support for PA
- PA Education
- PA Policies
Step 2: Action Planning

- Provider-generated with Consultant support

- 3 Key Areas selected for improvement

- At least 1 nutrition and 1 physical activity key area selected
Step 3: Workshop Delivery

5 workshops (approved for 5.5 CEUs)

- 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
NAP SACC Timeline

Month 1

Self-Assessment

Action Planning

Workshop Delivery

Months 2 & 3

Technical Assistance

Months 4, 5, & 6

Evaluate, Revise, Repeat
Step 5: Evaluate, Revise, and Repeat

- Evaluate progress using repeat self-assessment.
- Revise, refine and add goals where necessary.
- Celebrate the small changes, not just the big ones!
Evidence Base for NAP SACC

• **Research** - centers that completed most/all of NAP SACC components improved NTRN/PA policies and practices

• **Practice** - NAP SACC includes the following strategies:
  - Social support
  - Increased availability of healthy foods
  - Increased time for PA through active play
  - Increased access to places for PA through changes to indoor/outdoor space
Resources Required

- **Staff**: a health professional (health education, nutrition, nursing) familiar with child care services serves as NAP SACC consultant
  - 0.0375 FTE - 1.5 hours/week x 6-month period
- **Training**: health professional should receive training on implementation of NAP SACC (~4-5 hours)
- **Materials**: all materials available on website. Costs associated with printing handouts for continuing education workshops and brochures/materials for parents.
- **Other Costs**: laptop computer and LCD; incentives for facilities; mileage reimbursement
Tips for Implementing NAP SACC Successfully
Who is Delivering NAP SACC?

“NAP SACC Consultants”

- Child Care Health Consultants
- Child Care Resource and Referral Staff
- Health Educators
- Cooperative Extension Staff
- Nutrition Educators or Registered Dietitians
- Child Care Directors

In more than 26 states
• **Continuing education credits:** offer CEUs is an incentive for staff to participate in trainings

• **Setting achievable goals:** set smaller achievable goals and then add new goals as the facility succeeds at making change

• **Incentives for child care facilities:** small items that support organizational change (gift cards for classroom supplies, balls or hula hoops, activity or nutrition books)

• **Community resources:** link child care centers to community resources in order to enhance ability for change
• **Tailoring technical assistance:** some facilities may need more support and encouragement

• **Commitment:** gaining organizational commitment from the child care facilities prior to implementation is essential.

• **Consultant attributes:** communication skills and experience of the Consultants working with child care centers is important to making the implementation work
Iowa

- Pilot programs lead by department of public health
- Collaboration from University of Iowa
- NAP SACC consultant sets appointment for Action Planning but comes early (by permission) and observes
- Uses observations to help guide the center in selecting areas for change
Arizona

• Arizona: Yuma County

• Pilot program in 30 centers with 1800 children

• NAP SACC materials were adapted to fit the local community
  • Seven workshops
    • Additional workshop was developed to raise awareness of childhood obesity and recruit centers to participate in the program
    • Second additional workshop on how to complete the self-assessment
Arizona - Results

Nutrition
• Increased provision of whole grains
• Staff increased involvement in gauging hunger
• Parents were given guidelines that were enforced about foods brought in for parties and celebrations

Physical Activity
• Increased visible support and making positive statements
• Provided an indoor play space and portable play equipment
• Play environment changes such as rearranging equipment to accommodate more running and games
Pennsylvania

Keystone Kids Go! Is led by the Pennsylvania Department of Education, Division of Food and Nutrition

Partners:

• PA Departments of Health and Public Welfare
• Office of Child Development and Early Learning, Tuscarora Intermediate Unit (TIU)
• Pennsylvania Nutrition Education Network,
• Penn State Cooperative Extension,
• Head Start, Family Literacy Programs,
• Lancaster General Hospital
• Food Trust
Pennsylvania - Pilot

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<tr>
<th>Pilot Design</th>
<th>Pilot Implications</th>
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<td>• n = 14 centers</td>
<td>• TIU developed an online NAP SACC Professional Development Module for directors</td>
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<td>• March - June 2010</td>
<td>• The Professional Development Modules are currently being pilot tested with an additional 15 centers</td>
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<td>• 2.5 - 3 months (focused on individual nutrition and PA goals)</td>
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**Pilot Findings**

• 11/14 centers completed the process successfully
• Adaptations to original NAP SACC model had positive outcomes and have supported sustainability
Challenges to NAP SACC Implementation
Challenges

- Inadequate infrastructure to provide the NAP SACC program
- Workshop delivery
- Personal health of child care providers
- Lack of motivation from centers
- Lack of knowledge of local resources
Inadequate Infrastructure

• Control over food selection - food catered or brought from home

• Staff turnover

• Food access - bulk and whole sale clubs
Limited Time for Technical Assistance

• Step 4 (Technical Assistance) is thought to be one of the most critical steps in the NAP SACC program

• Some consultants have large case loads and limited time for TA

• This requires creatively and innovation, such as:
  • Providing group TA by setting up a listserv or discussion board for centers
  • Sending text messages to support/reinforce
  • Setting up a website to share successes
Personal Health of Child Care Providers

• Child care providers themselves may have health problems such as poor diets, inactivity, and obesity

• These health conditions may interfere with NAP SACC implementation

• Some providers may ask, “What about me?”

• Consider providing an enhanced workshop on personal health by looking at local resources for weight management, diet counseling, and activity opportunities
Workshop Delivery

• Offer workshops at convenient times for staff such as evenings and weekends

• Provide multiple dates for centers you are working with and/or have center trainings for several centers

• Learn to be creative in delivery: provide workshops during naptime, send text to cell phones, develop workbooks, use on-line delivery
Lack of Motivation from Centers

• Organizational behavior change usually occurs in a 20/60/20 fashion
  • 20% are early adopters: these are centers that respond to opportunities without great effort required
  • 60% are slower to change but can be motivated, but may need a little more support
  • 20% may not be motivated - at least during the time frame in which you are working
• Remember that readiness is a clue to when change can occur
Lack of Knowledge of Local Resources

• Look into what other state and local agencies in your area are doing in relation to child care

• Look into what local colleges and universities are doing in your area related to child care

• Check with your child care and resource and referral agencies
In Summary...

NAP SACC is a Planning Model - not a curriculum

- As a planning model, the NAP SACC program helps centers identify and address changes to their nutrition and physical activity environment.

- Curricula (such as Color Me Healthy or Eat Smart Play Hard) provide materials that can be used to deliver lessons to children during organized educational sessions.
NAP SACC is...

- A great tool for addressing continuous quality improvement in nutrition and physical activity environments at childcare

- Designed to address changes in areas where center feels ready and able

- Can be *guided* toward areas in need of change by an effective, patient NAP SACC consultant (such as a coach!)
QUESTIONS?

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