

Nebraska Healthy Child Care Initiative

2012 Evaluation Report Executive Summary



Project Scope

Selected as a Communities Putting Prevention to Work (CPPW) project in 2010, Nebraska Department of Health and Human Services (DHHS) started the Nebraska Healthy Child Care Initiative to adapt the center-based Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC) training for child care home providers.

NAP SACC is a research-tested intervention developed by the University of North Carolina and is designed to enhance policies, practices, and environments in child care facilities. NAP SACC includes 54 established best-practice guidelines that cover key areas including improving the nutritional quality of foods served; amount and quality of physical activity; staff-child interactions; and nutrition and physical activity policies and practices related to the child care setting.

The Nebraska Healthy Child Care Initiative builds on the original NAP SACC model by:

1. Focusing on child care home providers, as opposed to centers
2. Partnering with the Child and Adult Care Food Program (CACFP) sponsor organizations
3. Providing follow-up technical assistance (TA) with child care providers
4. Utilizing NAP SACC tool for post assessment
5. Recognizing child care providers with a Healthy Child Care Award

Overview of the Nebraska Healthy Child Care Initiative:

Funding Secured and Capacity Built

- CPPW grant awarded to DHHS
- Hired Grant Coordinator
- Established partnership with CACFP sponsor organizations

Prepared Trainers:

- CACFP trainers (9) completed Center TRT on-line NAP SACC training
- Half-day procedure training for CACFP trainers and sponsor directors
- Monthly TA calls with trainers

Child Care Home Trainings:

- CACFP trainers recruited 310 child care home providers
- Provider NAP SACC training (1 day) worth 6 hours of continuing education credits
- Child Care Home Providers completed NAP SACC tool and action plan
- Each provider set 1 nutrition and 1 physical activity goal in their action plan

Follow-Up:

- CACFP trainers provided 5 weeks of TA to providers
- Providers completed NAP SACC tool for post assessment at 6 months

Recognition:

- DHHS mailed providers an application for Healthy Child Care Award
- Eligibility based on complete pre/post NAP SACC tool, documented improvements in policies/practices, and good standing with State Licensure
- Providers received award certificate, window cling and media recognition



Evaluation Overview

Goal: To assess the implementation of the Nebraska Healthy Child Care Initiative



Evaluation Questions

- How was the Nebraska Healthy Child Care Initiative implemented?
- What are some of the successes and barriers to implementing NAP SACC in child care homes from trainers' as well as providers' perspectives?
- What are the nutrition and physical activity changes achieved in the child care homes?

Evaluation Methods

- **Pre and post facility assessment** to measure the changes achieved after the training
- **Monitoring Guide** to document the dates that each facility completed various aspects of the program
- **Follow-up Provider Survey** to document implementation status and usage and opinions on resources and technical assistance received
- **Follow-up Provider Interviews** to understand the changes implemented and materials used by providers
- **Trainer Focus Groups** to discern the trainers' perception of the successes and barriers of the program
- **Home Visits** to gather visual documentation of the NAP SACC practices that had been implemented
- **Healthy Child Care Award** to recognize the work and commitment of child care providers to improve nutrition and physical activity

"The kids get to help pick out the meals for the next week. The ads come out in Wednesday's paper for what's on sale, so we kind of look through there and we've got pictures of stuff that's on sale. So, you know, it kind of incorporates different recipes that way. And because they picked it out, they're more willing to try something."

Evaluation Findings

- Providers were pleased with the information provided during training.
- The actual examples of practical and simple ways to include better foods and more physical activity within the facility were viewed as extremely helpful.
- Many providers used technical assistance, which was an important element in assisting them with implementation efforts.
- Written materials provided during training were the most used resource during the implementation stages.
- Most providers chose "Fruit and Vegetables," "Meats, Fats and Grains," "Active Play and Inactive Time" and "Supporting Physical Activity" as their goal areas to improve.
- The areas chosen for improvement corresponded to the areas actually improved.
- Providers went beyond their one nutritional and one physical activity implementation goals and implemented in other areas as well.
- Changes focused on type of foods and drinks offered during meals (homemade chicken nuggets, fresh fruit, low-fat milk, healthy snacks and holiday treats) and meal style (family style, small portions, meal variety).

Quotes

Provider Perspective

“Just because of this program, I also was able to look at my program and see, okay, how do I need to improve here. Or I need to improve there. Oh, this is something I can do to help.”



Nutrition Implementation

“Actually, [the changes] were pretty easy to implement. It was just me, you know, saying, “I’m going to do this.” So, it wasn’t hard. I guess it’s me being a little bit more, how do I say, being a better manager of my time more, I guess the biggest obstacle.”

Physical Activity Implementation

“[My goal was] just to get everyone more active. Not that we weren’t active before, but you know, just maybe all together as a group. You know, this one or these two might be off playing soccer and that one might be off doing something else. We try to do all of it together as a group.”

Personal Successes

“My success is I had one child here that wouldn’t eat nothing but frozen french fries...frozen french fries and cereal. Now he has. He’s tried everything because the rule is you at least take a bite. He eats way more now – way healthier. He’s willing to try foods now.”

Parental Response

“Every time we try something new, we always tell the parents and they just think it’s a great idea. I think it kind of gives them ideas of what to do at home, too.”

Personal Health

“Oh, yeah. I’ve lost 20 pounds. I walk with the kids and I’m actively involved with them because I used to have a sit down job. I’m up with them. I’m exercising and playing with them. I’m right there with them. I’m active, too.”

Trainers’ Thoughts:

“And I think part of that was the follow-up we did, because you know then it brought it to their mind again and you asked them specific questions either by email or by phone call or personal contact. You know, what have you done to achieve this goal? Either—I mean, I felt like everyone had something to report.”

“And a lot of the providers too liked the idea of a nutrition policy. First, I didn’t think they would, and I would say I had like, oh, probably twelve of them write nutrition policies now. And I’ve got copies of those.”



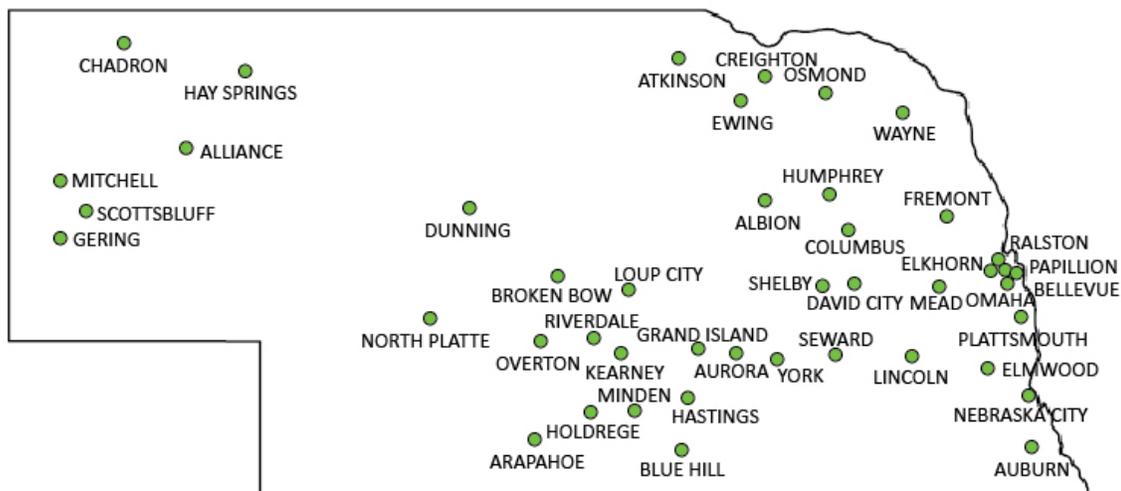
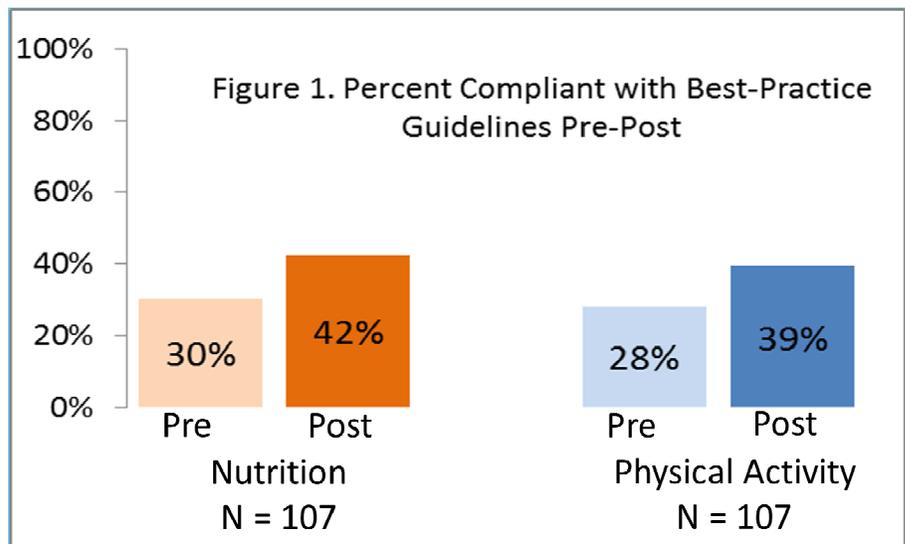
“I think during the follow-up the majority of all people we touched base with said they really enjoyed the class and they actually used something out of it. I mean, you’d go to so many classes and you’d come home and you really don’t apply any of it to your daycare. And I know almost 95% of the people that went to the class actually went home and did something. At least one thing that was mentioned in the class, which I think is huge.”

Key Outcomes

- Trained 375 (12%) of 3,100 child care homes
- 3,780 children ages 0 to 5 impacted
- 162 child care homes awarded the Nebraska Healthy Child Care Award (Map 1)
- Trained child care homes in 48% of Nebraska Counties (45 of 93). Trained child care homes and significantly improved their nutrition and physical activity practices (Figure 1)
- Post-assessment best-practice results:
 - 18% more homes have a written nutrition policy that is available and followed
 - 14% more homes have a written physical activity policy that is available and followed
 - 33% more homes offer 100% fruit juice 2 times per week or less
 - 26% more homes provide outdoor active play 2 or more times per day



"When we went through our training, I like that they gave us a lot of different ideas of what to do with the kids as far as different meals or different ways to go about introducing new foods to them. You know when you do daycare sometimes you get stuck in a routine so it's hard to be able to bring new things in sometimes, but I really liked that they gave us a different variety of things."



Map 1. Communities of Recognized Providers

Recommendations

Training

- Continue to offer new and innovative nutrition and physical activity strategies for home child care providers to utilize in their facilities.
- Continue to disseminate handouts and other materials during training, particularly written materials which were found to be extremely helpful during implementation.
- Extend the total length of the training but split it into two or three shorter sessions.

Technical Assistance

- Maintain or expand the rate at which technical assistance is available to providers.
- Make clear to providers the nature and extent of the technical assistance available and encourage them to use it.
- Develop a plan to address the preferred mode of conducting technical assistance (e.g. phone, email, etc.) and preferred type of resource material (web-based, hard copy).



Implementation

- Address core programmatic elements: implementation costs and preparation time.
- Help providers understand not to be discouraged by non-reactions to implemented changes from parents or others.
- Reduce the data collection burden and increase response rates among providers.

Conclusion

The Nebraska Healthy Child Care Initiative was successful in helping providers implement and achieve changes within their facilities in the areas of nutrition and physical activity.

Work with local public health departments, local coalitions and other vested stakeholders to implement this project in child care centers in Nebraska and create a model that is relevant to both child care centers and home facilities.

Acknowledgements

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- Photos courtesy of participating child care homes