Evaluation of the Nutrition and Physical Activity Self-Assessment for Child Care in Michigan 2013-2017

NAP SACC is an Obesity Prevention Program
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Michigan Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)

EXECUTIVE SUMMARY

The goal of this evaluation was to identify strengths, weaknesses, and areas for program improvement as NAP SACC continues to expand in Michigan.

Intervention Overview

The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) involves collaboration between trained consultants and early care and education programs to improve physical activity and nutrition-related policies and practices. Michigan's customized NAP SACC implementation model is being disseminated to school districts, educational service agencies, local health departments and other community-based organizations. The Michigan Department of Health and Human Services (MDHHS) funded five organizations to identify NAP SACC consultants and recruit licensed child care providers to implement NAP SACC.

Findings

Process

NAP SACC was implemented in licensed child care centers and homes in 17 counties. Directors, teachers and caregivers attended workshops offered nearby. Workshops included action planning exercises designed to provide technical assistance to a captive audience of providers. Trained NAP SACC consultants were available in each target county to provide technical assistance as needed to participants during and after the project period.

Outcomes

Grantees recruited 185 licensed child care providers to participate in NAP SACC between January 2015 and December 2017, impacting 6,107 children, 71 percent of whom were 5-years-old or younger. The majority of participating child care centers and homes in this cohort (71 percent) set at least one goal related to healthy eating and at least one related to physical activity.

Lessons Learned

The evaluation process revealed opportunities for program improvement and sustainability. NAP SACC consultants should provide clear and direct explanation of the program expectations to providers. MDHHS should continue to promote the utility and availability of the NAP SACC online toolkit. To achieve the vision of establishing a formal connection between this intervention and Great Start to Quality, MDHHS should continue to collaborate with partners such as the Michigan Office of Great Start and the Early Childhood Investment Corporation (ECIC) to further improve the efficiency and ease of use of the implementation model.

Conclusions

The current implementation model for Michigan NAP SACC is shown to engage dozens more providers during a six-month period than the original model. Organizations which routinely provide training and other support to child care providers are best equipped to collaborate on this project. Relationships are imperative to the success of the program. Community connections and coalitions greatly enhance the ability of funded organizations to recruit and support providers. A significant proportion of licensed child care centers and homes accomplished the goals they set during this project period, improving the extent to which they are meeting best practices encouraging healthy eating and physical activity. By creating early care and education environments that support healthy eating, infants, toddlers and preschoolers who attend ECEs are more likely to develop healthy habits for life.

Michigan Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)

INTRODUCTION

Michigan's implementation model for the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) promises to increase success for participating child care providers. The model is the product of a pilot launched in 2014 and refined over five years of obesity-prevention interventions and evaluation in this setting. It is disseminated to school districts, educational service agencies, local health departments and other community-based organizations. Participating organizations implement NAP SACC by designating NAP SACC consultants who are trained by MDHHS. Successful implementation of NAP SACC is evaluated based on the number of participating licensed child care providers which report improvement of nutrition and physical activity environments.

The NAP SACC intervention is designed to guide directors, teachers and caregivers toward providing child care environments that include healthy, age-appropriate feeding, abundant physical activity, limited screen time and breastfeeding support. Centers and homes can foster these kinds of environments through their practices, policies, and professional development. The online tool promotes best practices and guides providers on how to reach them. Efforts to improve nutrition and increase physical activity in child care reinforce efforts to improve overall child care quality in Michigan.

To realize Governor Rick Snyder's vision for Michigan to become one of the best states in the country to raise a child, the Michigan Department of Education Office of Great Start and its partners are committed to a coordinated system and to tracking progress toward the following outcomes:

1. Children are born healthy.
2. Children are healthy, thriving, and developmentally on track from birth to third grade.
3. Children are developmentally ready to succeed in school at time of school entry.
4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

One of the key principles that guides this reignited early childhood development effort in Michigan is assurance of quality and accountability. Great Start to Quality is Michigan's Quality Rating and Improvement System (QRIS). Its mission is to help parents find the best child care and preschools for their children and help teachers and caregivers improve the care and learning opportunities they provide. Five categories of program quality indicators, aligned with Michigan's Early Childhood Standards of Quality for Infant and Toddler Programs and Early Childhood Standards of Quality for Prekindergarten, are used to rate child care and preschool programs. Implementing NAP SACC can help participating providers accomplish indicators related to nutrition and physical activity. MDHHS's vision is to make a formal connection between NAP SACC and Great Start to Quality.

This report is a synthesis of the qualitative and quantitative data gathered as MDHHS implemented NAP SACC in child care centers and homes. Data collection activities took place throughout the grant period and at its conclusion. The goal of the evaluation was to identify strengths, weaknesses, and areas for program improvement as NAP SACC continues to expand in Michigan.

BACKGROUND

Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)

NAP SACC is a research-tested intervention designed to improve:

1. Nutritional quality of food served.
2. Amount and quality of physical activity.
3. Staff-child interactions.
4. Nutrition and physical activity policy.

Child care providers utilize self-assessment and goal setting to make positive changes in centers and homes. Participants have access to targeted technical assistance as needed.

The MDHHS Cardiovascular Health, Nutrition and Physical Activity Section Obesity Prevention program adopted NAP SACC in 2009. Beginning in 2012, NAP SACC consultants have been recruited from Great Start Resource Centers as well as other organizations which provide training and support to child care providers. The Michigan NAP SACC online toolkit was developed in 2013 based on the original Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) and the Let's Move Child Care Checklist. The original NAP SACC self-assessment has been updated with permission from the University of North Carolina Center for Health Promotion and Disease Prevention. MDHHS has also drawn on technical assistance resources generated through The Community Guide State Teams Project. MDHHS provided general oversight for NAP SACC implementation.

Program Implementation

MDHHS issued the first Request for Applications (RFA) in the fall of 2015 to recruit local health departments, school districts, educational service agencies and other community-based organizations to:

1. Promote self-assessment and action planning as an evidence-based approach to improving nutrition and physical activity in child care settings.
2. Build their capacity to support child care providers and families and to implement facility-level interventions for obesity prevention.
3. Provide technical assistance and training to improve nutrition; increase physical activity; reduce screen-time; and support breastfeeding moms and babies.

Organizations funded through this opportunity in 2015, then again in 2016, were expected to implement NAP SACC by designating staff for the role of NAP SACC consultant. Each consultant:

1. Incorporated NAP SACC action planning exercises into workshops/training sessions on the topics of childhood obesity, nutrition, physical activity and policy development. They did so either by enhancing existing professional development opportunities or creating new ones.
2. Recruited licensed child care providers to attend.
3. Encouraged each registrant to implement NAP SACC by requiring the initial NAP SACC to be completed prior to attending the workshop(s).
4. Provided ongoing technical assistance as needed for child care providers as they implemented NAP SACC.
5. Encouraged participants to repeat the self-assessment.

The organizations selected to participate in the project best demonstrated the following:

1. A solid plan and commitment to recruit licensed child care providers to participate.
2. Established relationships in the community.
3. Capacity to provide training and technical assistance in a workshop setting to a captive audience of licensed child care providers.

The following organizations were funded to implement NAP SACC between January 1, 2016 and December 31, 2017:

- The Association for Child Development
- Child Care Network
- Eaton County Regional Educational Service Agency (Eaton Great Start)
- Ingham County Office for Young Children
- Jackson County Health Department
- Monroe County Health Department
- Public Health Delta and Menominee Counties

EVALUATION METHODOLOGY

Evaluation Objectives

Evaluation activities were selected, planned and executed to answer key questions related to program process and outcomes:

NAP SACC Implementation

- Was NAP SACC implemented as planned?
- What were the barriers and facilitators to implementing NAP SACC?
- How were barriers overcome?
- How sufficient was the technical assistance and training that was provided?
- Will the technical assistance and training provided be sustainable?

NAP SACC Impact

- Did NAP SACC consultants and child care providers demonstrate changes in their knowledge regarding physical activity and nutrition among preschool aged children?
- Did NAP SACC consultants and child care providers demonstrate changes in their attitudes or beliefs (social environment) regarding physical activity and nutrition among preschool aged children?
- Did licensed child care providers make changes to their nutrition policies or practices?
- Did licensed child care providers make changes to their physical activity policies or practices?
- How many infants, toddlers and preschoolers were impacted by this intervention?
- How many high-need children were impacted by this intervention?

Design and Strategy

Implementing agencies submitted monthly progress reports. Templates for these reports included fields to help answer the following evaluation questions:

- ✓ Was NAP SACC implemented as planned?
- ✓ What were the barriers and facilitators to implementing NAP SACC?
- ✓ How were barriers overcome?
- ✓ How sufficient was the technical assistance and training that was provided?

In the spring of 2018, MDHHS conducted key informant interviews. NAP SACC consultants from the Association for Child Development, Child Care Network, Eaton Great Start, the Ingham County Office for Young Children, Jackson County Health Department and the Monroe County Health Department were invited to participate and identify participating providers willing to participate. The contact from Public Health Delta and Menominee Counties was not available. Key informant interviews were conducted to collect information from people with various roles in our project who have first-hand knowledge and unique insights. Identities cannot be linked to responses. Our goal was to help answer the following evaluation questions:

- ✓ What were the facilitators and barriers to implementation of the NAPSACC process?
- ✓ How were barriers overcome?
- ✓ What were the characteristics of the attendees of the child care provider workshops?

- ✓ What was the overall reaction to the workshops?
- ✓ Did participants learn new information from the workshop(s)? If so, did the learning occur in specific areas?
- ✓ Describe any shifts in attitudes or commitments among participating providers.

The remaining evaluation questions will be answered utilizing data extracted from NAP SACC online.

FINDINGS

NAP SACC Consultant Development

MDHHS provides NAP SACC consultant training online. Almost 60 NAP SACC consultants have been trained online. New NAP SACC consultants from the Association for Child Development and Public Health Delta and Menominee Counties completed the online training module during the grant period.

MDHHS also promotes the value of peer learning among grantees by hosting monthly conference calls. Grantees were encouraged to propose agenda items, submit questions and participate in dialogue and inquiry. The purpose of these calls was to enhance the support provided for NAP SACC consultants, increasing their capacity to support child care providers. By the time the group has gathered two or three times, a learning community forms organically.

NAP SACC Process Evaluation: Was NAP SACC implemented as planned?

Provider Recruitment

Licensed child care centers and homes were recruited from Clinton, Delta, Eaton, Genesee, Grand Traverse, Ingham, Jackson, Lapeer, Lenawee, Monroe, Otsego, Saginaw and Washtenaw Counties. Directors, teachers and caregivers were invited to attend workshops offered nearby. Workshops were advertised on Great Start Connect, a website which hosts regional calendars with training opportunities for education and care providers, through direct email and by phone.

> *The Association for Child Development, Child Care Network and the Monroe County Health Department have overlapping service areas. The same was true for Eaton Great Start and the Ingham County Office for Young Children. These organizations discussed and mutually agreed on how to support and recruit providers in the counties they serve.*

Enhance or Develop Workshops

Organizations best equipped to participate in this project are those which routinely provide training and other supports to licensed child care providers. Each participating organization agreed to offer workshops on at least one of the following topics: childhood obesity, nutrition, physical activity and policy development. We recommended that providers who signed up for workshops be required to complete the initial self-assessment prior to attending. Four grantee organizations incorporated an action planning exercise. This element also helps to reinforce the action planning requirement for participating providers. Jackson County Health Department adopted the physical activity NAP SACC workshop provided by MDHHS as well as The Creative Curriculum® for Preschool from the National Farm to School Network. Child Care Network hosted *I Am Moving, I Am Learning*, a research-tested training originally disseminated by the Office of Head Start. The Association for Child Development, which is also a Child and Adult Care Food Program (CACFP) sponsor, developed custom training materials, and offered distance learning.

We were also interested in whether child care providers demonstrated changes in their knowledge regarding physical activity and nutrition among preschool aged children. Table A indicates topics providers were introduced to by participating in NAP SACC. Table B shows how providers and NAP SACC consultants described the benefit of training. This information was collected by interviewing NAP SACC consultants and participating providers.

Table A. **Workshop Topics that Provided New Knowledge Among Providers**
Appropriate Serving Sizes
Breastfeeding
Healthy Living
NAP SACC Implementation tips and steps
Physical Activity
Recipes

Table B. **Effect of Workshops on the Ability to Complete Assessments and Action Planning**
Helped to see big picture, increased commitment
Rapid feedback/discussion easier
Gave providers ideas, examples, how to implement, first steps and how to follow through
NAP SACC Implementation tips and steps
Learning in person is helpful

Implementation Facilitators

Incentives

The availability of training hours was used as an incentive to participate in NAP SACC. Individual consultation with NAP SACC consultants may also count toward training hours. As Great Start organizations, Child Care Network, Eaton Great Start and the Ingham County Office for Young Children were able to promote training via Great Start Connect. Licensed child care providers responded well to the opportunity to acquire training hours through workshops as required by licensing. There isn't enough evidence that providers who contacted NAP SACC consultants for targeted technical assistance were interested in acquiring training hours via consultation.

Child Care Network was able to secure computer labs for each NAP SACC workshop. Doing so allowed them to work with providers directly as they completed their initial self-assessments and action plans. Participating providers who attended workshops were much more likely to complete all steps of the NAP SACC process than those unable to attend despite follow up by NAP SACC consultants from Child Care Network.

Individual T/A
Only a small number of centers and homes contacted NAP SACC consultants for individualized support. When NAP SACC consultants had the opportunity to interact with participants and provide targeted, individualized technical assistance by request, relationships were formed or enhanced. Generally, providers were able to take action steps and repeat the self-assessment on their own after attending a workshop which included an action planning exercise.

Table C. Perceived Facilitators of NAP SACC Implementation
Targeted Technical Assistance
Access to a Computer Lab
Communication follow up and reminders initiated by NAP SACC consultants
Local media
Incentives
Social media
Rapport between consultants and providers
Local network of providers
Flexible delivery of training for providers (classroom; webinar; series of topics)

Community Collaboration
Great Start Resource Centers and Collaboratives were essential partners for all funded organizations. Eaton Great Start continued to leverage the Great Start Collaborative to identify licensed child care participants, and the Ingham County Office for Young Children, as the Great Start Resource Center for the central region, provided support for recruiting providers from Eaton and Clinton counties while supporting providers in Ingham county. The function of Great Start in this project confirms its role in providing information about professional development and training opportunities.

MDHHS also provided support to strategic partners with common goals to improve nutrition and increase physical activity in child care. Support included NAP SACC consultant training and technical assistance as well as Michigan NAP SACC online toolkit site administration and data management. Michigan State University Extension includes NAP SACC in their work as a SNAP-Ed implementing agency. The National Kidney Foundation of Michigan includes NAP SACC within a suite of ECE interventions.

One MDHHS grantee attributed some of their success to making a connection with a local network of providers. Training and recruitment took place at network meetings. Providers in the network shared the opportunity by word of mouth.

Source: Key Informant Interview

Implementation Barriers

NAP SACC and Great Start to Quality

Several providers dropped out of the program for various reasons, when provided. A common reason was the perceived time commitment. Some sites backed out after learning that there was additional work to do outside of attending classes, and others were hesitant to participate in Great Start to Quality and NAP SACC at the same time.

In 2016, Child Care Network, in its role as the Great Start Resource Center for the southeast region of the state, provided Great Start Connect support to Monroe County. In 2017, a change to the child care training infrastructure in Michigan had direct impact on grantee recruitment efforts. All professional development opportunities offered through Great Start Connect must now be state-approved, and all trainers must complete the MIRegistry Trainer Approval Process. Due to the burden imposed by the new MIRegistry guidelines, the support that Child Care Network was no longer possible by 2017.

Other

Incentives, such as training hours, were shown to be valuable to providers during recruitment but did not tend to keep providers engaged enough to repeat the self-assessment. This was true even when providers could spare the time for the activity. Other factors that had an impact on the number of providers repeating the self-assessment include the opt-in nature of the intervention and child care staff turnover.

Table D. Perceived Barriers to NAP SACC Implementation This Year
Inconsistent computer skills among providers
Narrow pool of providers
Lower provider responsiveness after workshops
Perceived time commitment
Incentives
Child care staff turnover
Too little time for one-on-one support

NAP SACC Outcome Evaluation: Did participants make positive changes?

Participating Licensed Child Care Centers and Homes

Table E shows the number of licensed child care providers and homes recruited by the Association of Child Development, Child Care Network, Eaton Great Start, Ingham County Office for Young Children, Jackson County Health Department, Monroe County Health Department and Public Health Delta and Menominee Counties between January 2016 and December 2017. Licensed child care capacity by county is included to show potential reach of the project. MDHHS refers to the Michigan Licensing Rules for Child Care Centers and for Family and Group Child Care Homes to establish a baseline. For this reason, the MDHHS healthy child care initiative targets licensed child care centers and homes. Unlicensed and registered providers are not prohibited from participating, but they are excluded from this analysis.

Table E.
Participating Licensed Child Care Centers and Homes
(This table also shows licensed child care capacity by county.)

	County	Centers	NAP SACC Centers	Homes	NAP SACC Homes
The Association for Child Development					
	Genesee	194	0	136	6
	Grand Traverse	57	0	78	4
	Lapeer	29	0	27	4
	Otsego	11	0	36	2
	Saginaw	93	0	131	3
Child Care Network	**County**	**Centers**	**NAP SACC Centers**	**Homes**	**NAP SACC Homes**
	Genesee	*	6	*	28
	Hillsdale	19	0	34	7
	Jackson	57	1	91	8
	Lenawee	47	2	62	9
	Livingston	87	3	53	1
	Washtenaw	191	4	149	4
Ingham County Health Department	**County**	**Centers**	**NAP SACC Centers**	**Homes**	**NAP SACC Homes**
	Ingham	142	4	148	18

Table E.
Participating Licensed Child Care Centers and Homes
(This table also shows licensed child care capacity by county.)

	County	Centers	NAP SACC Centers	Homes	NAP SACC Homes
Eaton Great Start	**County**	**Centers**	**NAP SACC Centers**	**Homes**	**NAP SACC Homes**
	Clinton	31	0	51	4
	Eaton	49	10	92	11
Monroe County Health Department	**County**	**Centers**	**NAP SACC Centers**	**Homes**	**NAP SACC Homes**
	Monroe	63	27	53	15
Public Health Delta and Menominee Counties	**County**	**Centers**	**NAP SACC Centers**	**Homes**	**NAP SACC Homes**
	Delta	20	3	12	0
	Menominee	9	1	13	0
GRAND TOTALS ***Genesee County capacity is counted above.**		**1099**	**61**	**1166**	**124**

The analysis that follows will only include participants who at minimum completed the initial self-assessment.

The Association of Child Development, Eaton Great Start the Ingham County Office for Young Children and Child Care Network were the most successful in guiding participating providers through all steps of the process. Some factors contributing to their success were the choice of a computer lab venue, clear and direct explanation of the expectations to providers and relationships with providers in target populations.

Reach

We continue to prioritize high-need children. High-need children are those who are from low-income families or otherwise in need of special assistance and support, including children who have disabilities or developmental delays, who are English learners, who are migrant, homeless, or in foster care or who reside on "Indian lands," as that term is defined by Section 8013(6)[1] of the Elementary and Secondary Education Act of 1965. We did not, however, exclude child care providers who are not serving high-need children. Table F shows the number of children impacted by NAP SACC implementation in target counties. Enrollment numbers were self-reported by participants when they registered for NAP SACC online.

[1] Race to the Top: Early Learning Challenge Definitions. US Department of Education
http://www.ed.gov/early-learning/elc-draft-summary/definitions
Accessed July 2015

Table F.
NAP SACC Reach by County

County	Total Enrollment	% Children 0-5	% Children of High-Need	% Children 0-5 of High-Need
Clinton	35	74% (26)	1	0
Delta	232	100%	100%	100%
Eaton	846	43% (363)	8% (64)	39% (25)
Genesee	1082	59% (642)	20% (221)	75% (165)
Grand Traverse	58	91% (53)	31% (18)	34% (18)
Ingham	378	73% (276)	21% (78)	21% (58)
Jackson	1047	91% (956)	9% (93)	91% (85)
Lapeer	70	67% (47)	29% (20)	23% (11)
Lenawee	145	77% (111)	14% (20)	17% (19)
Menominee	48	100%	100%	100%
Monroe	2041	74% (1509)	20% (418)	89% (372)
Otsego	29	69% (20)	3% (1)	0
Saginaw	19	42% (8)	0	0
Washtenaw	77	79% (61)	17% (13)	15% (9)

Table F. NAP SACC Reach by County				
TOTALS				
	Total Enrollment	**% Children 0-5**	**% Children of High-Need**	**% Children 0-5 of High-Need**
	6107	71% (4352)	20% (1226)	855 (1042)

Nutrition and Physical Activity Goals

Participating child care centers and homes are expected to complete the initial self-assessment and using those results, develop an online action plan. Action plans should have AT LEAST THREE specific goals for making policy, practice and environmental changes including:

- ✓ one policy, practice or environmental change aimed at increasing physical activity (Example: screen-time reduction)
- ✓ one policy, practice or environmental change aimed at improving nutrition (Example: breastfeeding support or making drinking water visible and available)
- ✓ one policy, practice or environmental change of choice

Participating child care providers had access to technical assistance provided by NAP SACC consultants at the Association for Child Development, Child Care Network, Eaton Great Start, Monroe County Health Department and Public Health Delta and Menominee Counties as they took steps to create the policy, practice and environmental changes outlined in their action plans. Table G shows the number of participating providers which completed the initial self-assessment and set goals according to the expectations set by this implementation model.

Table G. Percent of Licensed Child Care Centers and Homes who Set Prescribed Goals		
Grantee	**# Participants**	**% Action Plan Completed Online**
Association for Child Development	17	85%
Child Care Network	67	92%
Ingham County Health Department	9	41%
Jackson County Health Department	6	67%
Eaton Great Start	19	76%
Monroe County Health Department	14	33%
Public Health Delta and Menominee Counties	0	0%

Successful completion of NAP SACC is marked by repeating the self-assessment within six months of the initial assessment. Providers were recruited over the entire period between January and June 2016 and between January and December 2017. A majority (71 percent) of participating providers in this cohort completed the NAP SACC process by the end of the project period. Table H lists NAP SACC Best Practices that have been met as indicated by repeat self-assessment results.

All participating centers and homes adopted physical activity standards including routine outdoor active play time, structured and unstructured activities and tummy time for infants.

Table H. NAP SACC Best Practice, Policy and Environmental Accomplishments
Providing expert-recommended, age-appropriate levels of physical activity for children of every age in care, especially infants, toddlers and preschoolers.
Improved food and beverages served by reducing or eliminating sweets or salty foods.
Training for staff on promoting and supporting breastfeeding, including exclusive breastfeeding.
Nutrition education for children or parents.
Written policies that include items from NAP SACC key areas.
Nutrition education for children or parents.
Providing regular active play time outdoors.
Written policy that supports breastfeeding.
Staff wellness
Increase in physical activity during daily routines/programs

LIMITATIONS

The data collection methods employed in this evaluation were useful for understanding many aspects of the NAP SACC process and its impact. Some limitations restricted the extent to which evaluation questions could be explored. In 2012, the evaluation team expressed concern about the exclusive use of survey tools. The team recommended key informant interviewing as a tactic to capture qualitative data that cannot be reliably captured via surveys. MDHHS conducted interviews in the Spring of 2018. Whether due to the evaluation tools employed or due to the questions posed to NAP SACC consultants, this evaluation was not able to respond to the following: Will the technical assistance and training provided be sustainable?

LESSONS LEARNED

Program Improvements

NAP SACC consultants should provide clear and direct explanation of the program expectations to providers. Providers are most likely to understand how training, assessment and action planning are linked when communication is clear and with repetition. MDHHS should provide NAP SACC consultants with tools and language to help to make these connections. MDHHS should continue to make every effort to promote the utility and availability of the NAP SACC online toolkit. The toolkit was developed with the intent to streamline NAP SACC participation and to encourage providers to work independently. Since NAP SACC consultant time is best used for training and content expertise, program information and answers to frequently asked questions are made accessible online and are available by contacting the NAP SACC administrative team. MDHHS will explore ways to promote the tools and educational information on the site.

NAP SACC and Great Start to Quality

Some providers were hesitant to participate in Great Start to Quality and NAP SACC at the same time. This was true despite an effort to link NAP SACC with indicators related to nutrition and physical activity. To achieve the vision of making a formal connection between this intervention and Great Start to Quality, MDHHS should continue to collaborate with partners such as the Michigan Office of Great Start and the Early Childhood Investment Corporation to refine the implementation model to favor efficiency and ease of use.

CONCLUSIONS

The current implementation model for Michigan NAP SACC continues to engage more providers during a six-month period compared with the original implementation model of this intervention. Training hours and individualized support provided by NAP SACC consultants in target communities are incentives for child care providers to attend workshops, complete the assessment and build online action plans. Organizations best equipped to collaborate on this project are those which routinely provide training and other supports to licensed child care providers. Relationships are imperative for successful outcomes. Great Start Resource Centers and Collaboratives are essential partners. Community connections and coalitions enhance the capacity of funded organizations to recruit and support providers.

By facilitating continuous quality improvement through self-assessment, action planning, and the development of improvement goals, implementation of the NAP SACC intervention helps teachers and caregivers to improve the nutritional quality of food served, amount and quality of physical activity, staff-child interactions, and nutrition and physical activity policies. Nearly 200 licensed child care centers and homes recruited by MDHHS grantee organizations outlined goals related to healthy eating and physical activity. Between 2013 and 2017, nearly 30,000 children in 480 licensed child care centers and homes were impacted through the combined efforts of MSUE, NKFM and MDHHS to implement Michigan NAP SACC. A significant proportion of these participants accomplished their goals, improving the extent to which they are meeting nutrition and physical activity-related best practices. By creating early care and education environments that support healthy eating, infants, toddlers and preschoolers who attend ECEs are more likely to develop healthy habits for life.

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- Child Care Network
- District Health Department #10
- Eaton County Regional Educational Service Agency/Eaton Great Start
- Ingham County Health Department
- Jackson County Health Department
- Michigan State University Extension
- Minnesota Department of Health
- Monroe County Health Department
- National Kidney Foundation of Michigan
- Public Health Delta and Menominee Counties
- Participating Child Care Providers
- The Cardiovascular Health, Nutrition and Physical Activity Section and the Physical Activity and Nutrition Unit, Michigan Department of Health and Human Services