

**Go NAPSACC:**  
A strategic  
approach to  
improving nutrition  
and physical  
activity practices in  
ECE settings

**2025 Healthy Hawai'i Summit**

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University of North Carolina at Chapel Hill

Kristy Sakai  
Chaminade University of Honolulu

# Introduction to Speakers



**Kristy Sakai**

Chaminade University Montessori Lab School  
Chaminade University of Honolulu

**Richard Rairigh**

Community Health & Wellness Resource Team  
Center for Health Promotion & Disease Prevention  
University of North Carolina at Chapel Hill



# What our vision for the future?



Healthy children.

Happy families.

Strong communities.



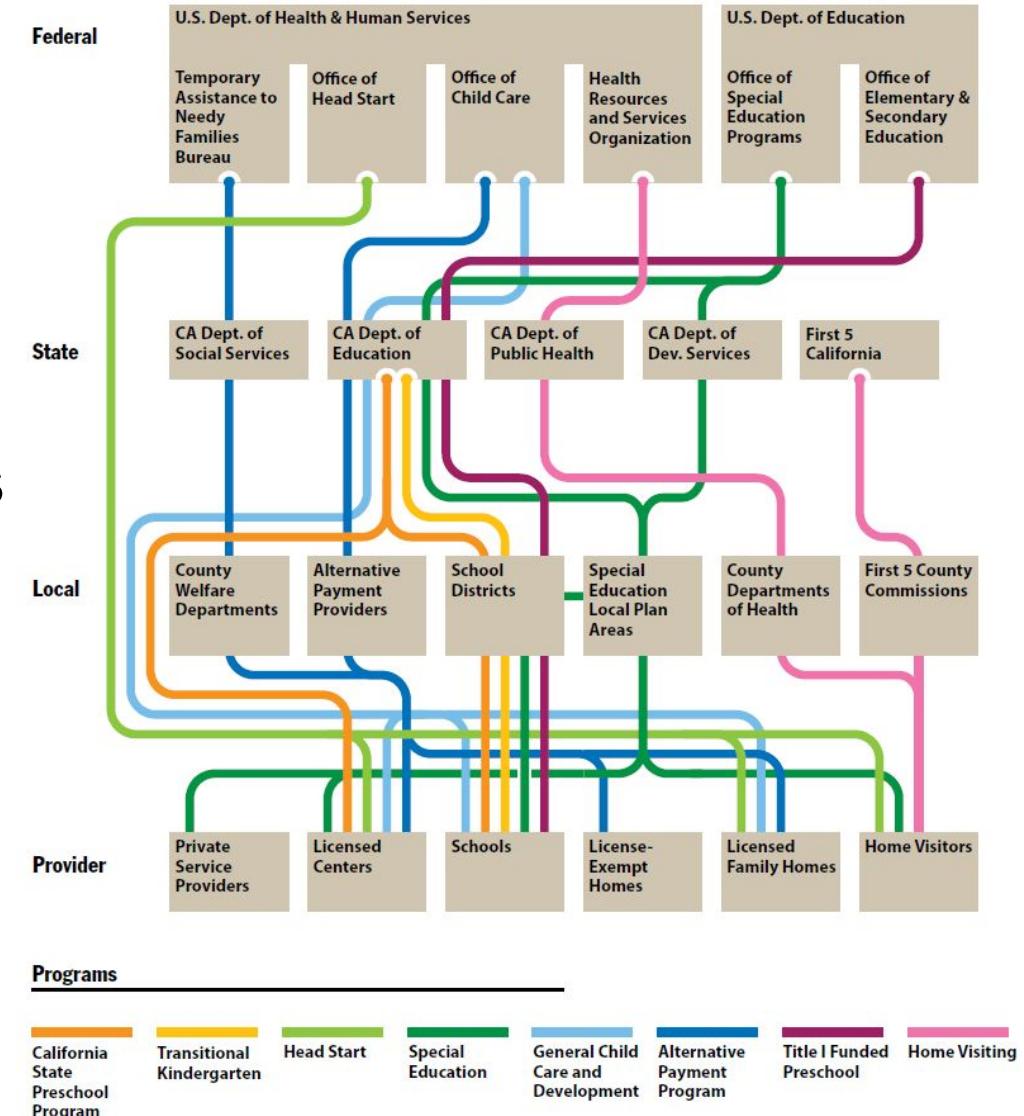
# Early Care and Education (ECE)

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# U.S. Early Childhood Education Ecosystem

## Complex & Fragmented ECE System

- Multiple oversight agencies with unique regulations
- Various funding & support infrastructures across states





# EARLY CHILDHOOD SYSTEM GOVERNMENT PROGRAMS IN HAWAII

Through collaboration and partnerships, we work to establish a system that ensures a solid foundation of early childhood development and learning for Hawai'i's young children (prenatal-age 5), meaningful engagement and support for their families, and a stable, competent and supported early childhood workforce.

## Publicly Funded Early Learning Providers

Public Pre-K



## Support for Early Learning Providers & Workforce

Licensing & Regulation of Community-Based Providers



## Family Engagement & Support

Home Visiting Services



## Health, Mental Health & Nutrition

Child and Adolescent Mental Health Division



## Special Needs & Intervention

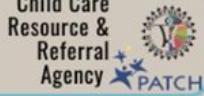
Children & Youth with Special Health Needs



Charter Public Pre-K



## Child Care Resource & Referral Agency PATCH



## Temporary Assistance to Needy Families



## Supplemental Nutrition for Women, Infants and Children (WIC)



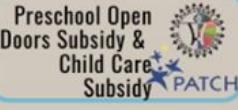
## Early Intervention (IDEA Part C)



SPED Pre-K  
Migrant Pre-K



## Preschool Open Doors Subsidy & Child Care Subsidy PATCH



## Child Welfare



## Med-QUEST (Hawai'i's Medicaid Agency)



## Preschool Special Education (IDEA Part B)



Head Start and Early Head Start Classrooms



## Ready Keiki Initiative (Lt. Gov)



## McKinney-Vento Act Resources for Families in Unstable Housing



## Supplemental Nutrition Assistance Program (SNAP)



## Hawai'i School Facilities Authority (Pre-K Facilities)



## Wrap around services for Head Start families



## Primary Prevention



## Early Childhood Educator Stipend Program



## Family Child Interaction Learning Programs (FCILs)

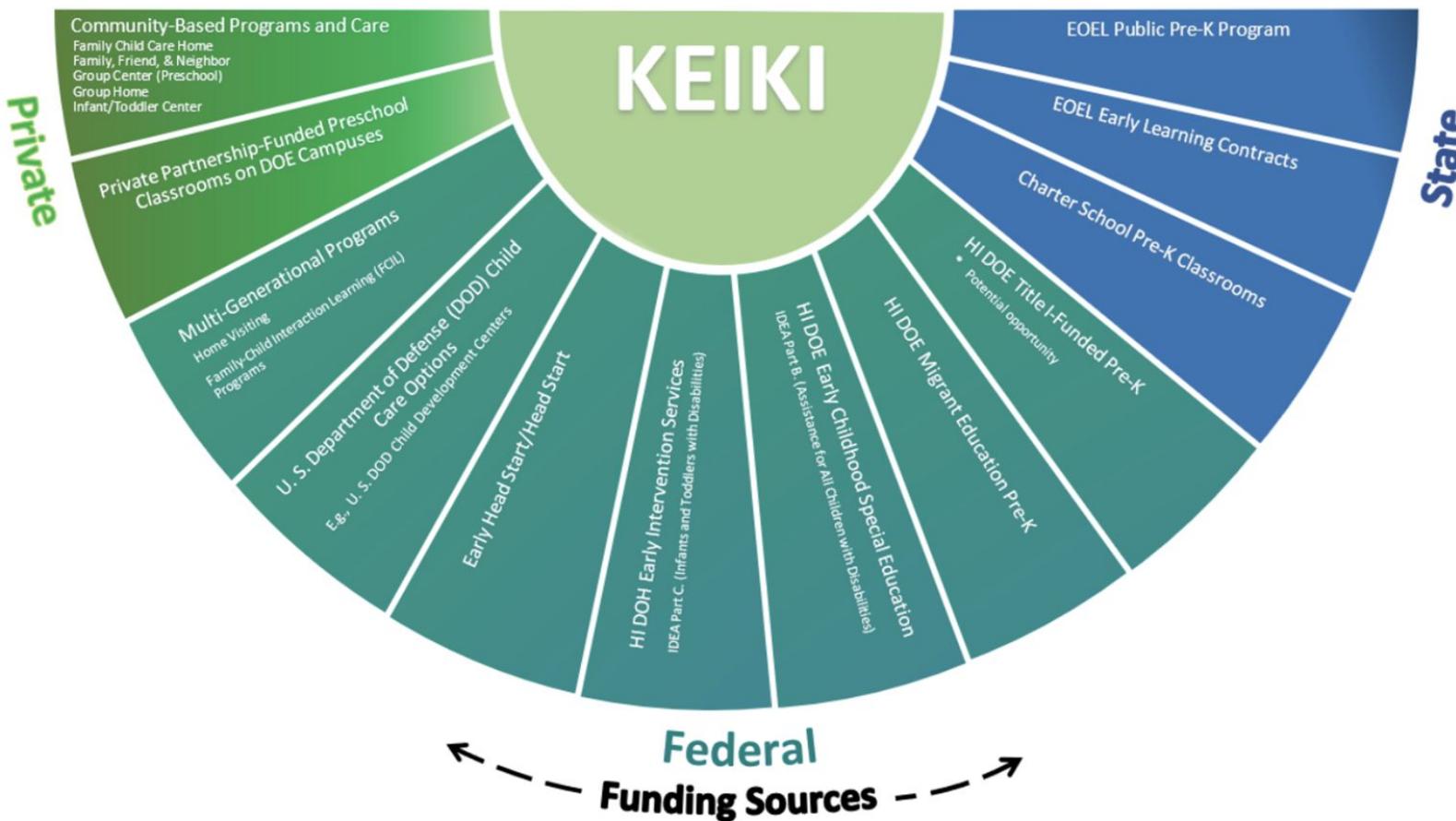


## Educator Workforce Training & Certification



# What does ECE look like in Hawai'i

## Early Learning Opportunities in Hawai'i



Executive Office on Early Learning  
[earlylearning.hawaii.gov](http://earlylearning.hawaii.gov)  
(808) 784-5350



# ECE Impact on Community Economy

## ECE in United States

- 23 million children under age 5 in US
- 71% live in households where all parents work – relying on child care
- Many children spend > 30 hours each week in ECE



## Forbes

- High-quality child care drives the economy by allowing families to work.
- Inadequate childcare cost employers \$13 billion a year in lost productivity.
- Supporting child care can lower absenteeism by 30%, reduce turnover by 60%, increase recruitment, and boost productivity.

# Children Health & Well-Being

*“Food & physical activity bring people together.”*

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# Supporting Development of the Whole Child



# Child Health in United States

- **1 in 5** children and adolescents have obesity (20%)
- Obesity **affects some groups** more than others
- Children with obesity are more likely to have **obesity as adults**.
- Estimated annual medical cost = approximately **\$1.3 billion**
- Obesity medical costs = **\$116 higher per person per year**
- Severe obesity medical costs = **\$310 higher per person per year**
- Contributors to excess weight: **too much screen time, lack of mealtime routines, and lack of access to affordable, healthier foods**.



# Child Health in Hawai'i

- **Positive Trends:**

- Since 2021, Breastfeeding Initiation\* increased 1% from 88.0 % to 88.8%<sup>5</sup>

- **Negative Trends:**

- Children in very good or excellent health (0-5 yrs)<sup>1a</sup> (97.1%)
- Physical activity (everyday)<sup>1</sup> (21.4%)
- Children (1-17 yrs) with decayed teeth or cavities<sup>1</sup> (10.6%)

- **Food Security**

- Food Environment Index<sup>2</sup> (7.4/10)
- Households that are food insecure<sup>3</sup> (9%)

- **Obesity & Overweight**

- 29.3% of children 10-17 are overweight or obese<sup>6</sup>



# Supporting Development of the Whole Child

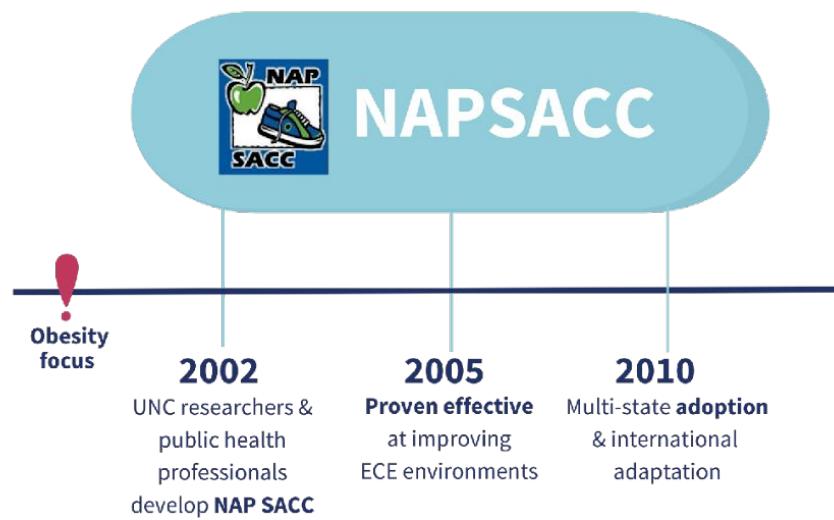


# Go NAPSACC

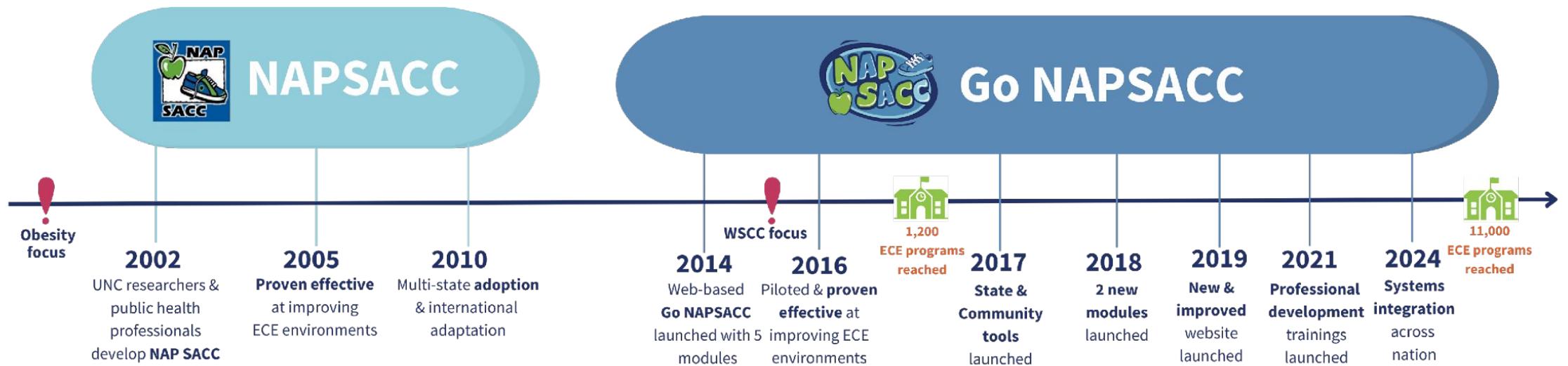
*Designed to help early childhood educators make improvements in their environments that would foster the adoption of healthy eating and physical activity habits in children.*

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# Our History



# Our History



WSCC = Whole School, Whole Community, Whole Child approach



# Our Evidence

## RESEARCH ARTICLE

Translating a child care based intervention for online delivery: development and randomized pilot study of Go NAPSACC

Dianne S. Ward<sup>1\*</sup>, Amber E. Vaughn<sup>2</sup>, Stephanie Mazzuca<sup>3</sup> and Regan Burney<sup>2</sup>



Improving the physical activity self-assessment (NAP SACC)  
North Carolina

Notes From the Field: The Evaluation of Maine Nutrition and Physical Activity Self-Assessment (NAPSACC) Experience

[Sarah Levin Martin](#) [Maurice W. Martin](#) [\[...\]](#), and [Karen O'Rourke](#)

Volume 38, Issue 1 | <https://doi.org/10.1177/0163278714536032>

**ARKANSAS: Creating Healthier Child Care Environments: Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) in the Quality Rating Improvement System (QRIS)**

## Research

### Go NAPSACC On-Demand Trainings for Early Care and Education Providers: Development and Dissemination

Emily Clarke, RD, LDN<sup>1</sup>; Falon T. Smith, PhD<sup>1</sup>; Erik A. Willis, PhD<sup>1</sup>; Michelle Herr, MPH<sup>1</sup>; Dianne S. Ward, EdD<sup>1,2</sup>

## STUDY PROTOCOL

### The impact of basic vs. NAPSACC on child care eating and physical activity protocol for a type 3 hybrid effectiveness-implementation cluster-randomized trial

Amber E. Vaughn<sup>1\*</sup> Christina R. Studts<sup>2</sup>, Byron J. Powell<sup>3,4</sup>, Alice S. Ammerman<sup>5</sup>, Geoffrey M. Curran<sup>6</sup>, Derek Hales<sup>1,5</sup>, Erik Willis<sup>1</sup> and Dianne S. Ward<sup>1,5</sup>



VOLUME 4: NO. 3

Margaret West, MPA<sup>1</sup> Carrie Dooyema, MSN, MPH, RN<sup>1</sup>  
Falon T. Smith, PhD<sup>2</sup>  
Erik A. Willis, PhD<sup>2</sup>  
Emily Clarke, RD, LDN<sup>2</sup>  
Aviva Shira Starr, MSW<sup>2</sup>  
Kelly Hall, MPH<sup>1,3</sup>  
Derek P. Hales<sup>2</sup>  
Dianne S. Ward, EdD<sup>2</sup>

JULY 2007

## Open Access

## Protocol

**BMJ Open** NAP SACC UK: protocol for a feasibility cluster randomised controlled trial in nurseries and at home to increase physical activity and healthy eating in children aged 2-4 years

R Kipping,<sup>1</sup> R Jago,<sup>2</sup> C Metcalfe,<sup>1,3</sup> J White,<sup>4</sup> A Papadaki,<sup>2</sup> R Campbell,<sup>1</sup> W Hollingworth,<sup>1</sup> D Ward,<sup>5</sup> S Wells,<sup>1</sup> R Brockman,<sup>1</sup> A Nicholson,<sup>1</sup> L Moore<sup>6</sup>

### Nutrition-Related Practice Providers and Differences by Ethnicity

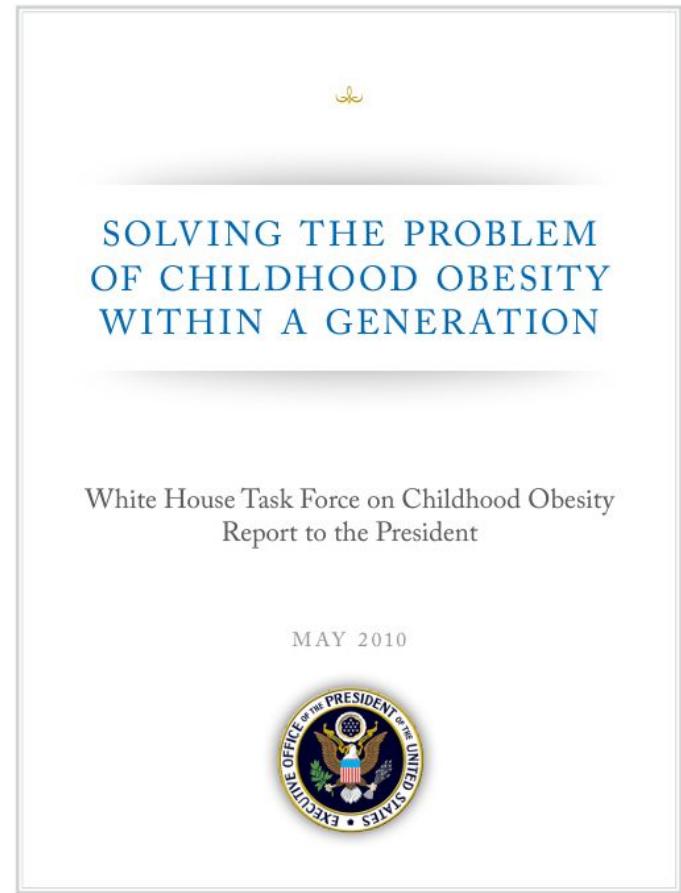
Kim M. Gans, PhD, MPH<sup>1-4</sup> Alison Tovar, PhD, MPH<sup>5</sup> Qianxia Jiang, BS<sup>1,2</sup> Jennifer Mello, MPH<sup>3</sup>  
Laura Dionne, ScM<sup>3</sup> Augustine K  
Vanessa Palomo, MA,<sup>3</sup> and P

### Multi-State Implementation of Go NAPSACC to Support Healthy Practices in the Early Care and Education Setting

Notes to Promote Healthy Nutrition and Physical Activity in Child Care

### Prevention in Childcare Settings: Policy and Environmental Change

# Our Evidence



White House Task Force on Childhood Obesity  
Report to the President

MAY 2010



## I. Early Childhood

Studies show that approximately one in five children are overweight or obese by the time they reach their 6th birthday,<sup>61</sup> and over half of obese children become overweight at or before age two.<sup>62</sup> Even babies are affected: almost doubled begin life on a high note.

SOLVING THE PROBLEM OF CHILDHOOD OBESITY

This chapter provides life by:

- strengthen
- promote
- evaluate
- reduce
- improve our children

### A. Prenatal

Mothers' pre-co-pregnancy weight and weight gain during pregnancy, birth weight, and postpartum weight gain.

Higher maternal weight gain during pregnancy and having gestational diabetes between mothers of age.

Recent findings with childhood studies more, it immediately after birth growth a formula).<sup>63</sup> This are associated with

order to legally operate within a state, but they must meet some basic requirements. A recent review of state child care regulations by researchers at the Duke University School of Medicine, based on ten expert-derived healthy eating model regulations, found that states had an average of 3.7 healthy eating regulations for child care centers and 2.9 for family child care homes. No state had all ten model regulations. States had particularly few regulations relating to physical activity and screen time.<sup>112</sup>

Workforce qualifications and training requirements for child care providers also vary widely from state to state. Many states are now implementing Professional Development Registries and other methods to better track and document the providers' training sessions. They are also implementing observation and feedback opportunities to understand if training is being applied in the classroom. To incorporate recommended nutrition, physical activity, and screen time standards into their curricula, Federal agencies and states can partner with national organizations such as the National Association of Child Care Resource and Referral Agencies (NACCRRA), the National Association for the Education of Young Children (NAEYC), and the National Head Start Association (NHSA), as well as community colleges and other training providers.

Parents are often unaware of quality elements when choosing child care and early education settings, including the importance of nutrition, physical activity, and screen time limits provided in these settings, and they can find it difficult to get this information. Quality Rating and Improvement Systems (QRISs) are State systems that rate the quality of early child care settings (which can include Pre-K, Head Start, child care, and others) based on a clear, common set of criteria. These rating systems can provide parents with reliable, consistent information that can help them make informed decisions.

#### Innovative Early Childhood Programs

There are several evidence-informed initiatives and interventions for early childhood settings to combat childhood obesity, including:

- *I am Moving, I am Learning*, a proactive approach to childhood obesity in preschool classrooms that seeks to increase moderate to vigorous physical activity every day, improve the quality of movement activities intentionally planned and facilitated by adults, and promote healthy food choices. This approach is implemented by Head Start and has been adopted by some other child care programs as well.
- *Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)*, an assessment tool for child care settings, which uses an organizational assessment of 14 areas of nutrition and physical activity policy, practices and environments to identify the strengths and limitations of the child care facility. NAP SACC also includes goal setting and action planning, continuing education and skill building for providers.
- *Nemours Program*: Delaware, under the leadership of Nemours, an integrated child health system, launched a statewide, multi-sector program to combat childhood obesity that includes changes in child care licensing to set healthy eating and physical activity standards, along with technical assistance, training and practical toolkits to help providers implement the standards. The new standards apply to all licensed center and family day care providers, impacting 54,000 children.



One of three innovative early childhood programs named for its promise at combating childhood obesity.



# Our Evidence



**HARVARD  
T.H. CHAN**  
SCHOOL OF PUBLIC HEALTH

Childhood Obesity Intervention  
Cost-Effectiveness Study (CHOICES)  
Project

“The NAP SACC program shows the **best evidence for impact on early childhood obesity risk** among interventions specifically targeted to children under 5; it has **been rigorously evaluated**, across multiple contexts, and demonstrated an impact on reducing obesity risk in experimental studies in several states.”

Kenney E, Cradock A, Resch S, Giles C, Gortmaker S. The Cost-Effectiveness of Interventions for Reducing Obesity among Young Children through Healthy Eating, Physical Activity, and Screen Time. Durham, NC: Healthy Eating Research; 2019. Available at: <http://healthyeatingresearch.org>



# Our Evidence



## HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

### Childhood Obesity Intervention Cost-Effectiveness Study (CHOICES) Project

-  ✓ Prevent cases of obesity
-  ✓ Projected to be cost-effective
-  ✓ Likely to improve health equity by race, ethnicity, and income

Barrett JL, Bolton AA, Gortmaker SL, Cradock AL. CHOICES National Action Kit: Creating Healthier Early Care and Education Environments Strategy Report. CHOICES Project Team at the Harvard T.H. Chan School of Public Health, Boston, MA; December 2023



Childhood Obesity Intervention Cost-Effectiveness Study

## Creating Healthier Early Care and Education Environments

### HEALTH EQUITY INDICATORS

Describes the projected impact of implementing a strategy nationally on health equity by race, ethnicity, and income.

Every person deserves access to healthy foods and drinks and opportunities to be physically active, which can help them grow up and live at a healthy weight. However, obesity levels vary by race, ethnicity, and income. Nationally, current and future projected obesity levels are highest among Black or African American and Hispanic or Latino race and ethnicity groups and populations with low household incomes.<sup>1</sup> These disparities are driven by many forces, including commercial determinants leading to increased intake of highly processed and marketed foods and drinks, as well as structural racism and social and economic determinants of health.<sup>2-4</sup> Effective policy and programmatic strategies promoting improved nutrition and increased physical activity can reduce health disparities and improve health equity.

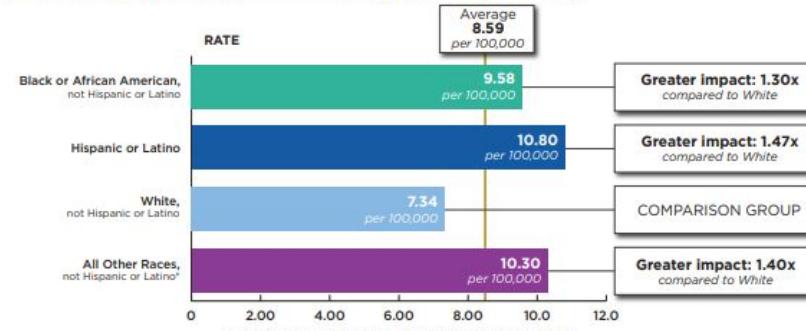
**KEY TAKEAWAYS**

If implemented over 10 years (2022-2031), this strategy is projected to:

- ✓ Prevent 27,400 cases of obesity in 2031
- ✓ Prevent cases of obesity in all race, ethnicity, and income groups
- ✓ Improve health equity by race and ethnicity
- ✓ Not likely to improve health equity by income

Learn more about CHOICES methods for projecting health equity impacts at [choicesproject.org/methods/healthequity](http://choicesproject.org/methods/healthequity)

#### Comparative projected impact of the strategy by race and ethnicity



Race and Ethnicity	Rate (per 100,000)	Impact Compared to White
Black or African American, not Hispanic or Latino	9.58	Greater impact: 1.30x compared to White
Hispanic or Latino	10.80	Greater Impact: 1.47x compared to White
White, not Hispanic or Latino	7.34	COMPARISON GROUP
All Other Races, not Hispanic or Latino*	10.30	Greater impact: 1.40x compared to White

\*All Other Races includes people who identify as American Indian/Alaska Native, Asian, Native Hawaiian or Pacific Islander, Multi-racial, or another race or ethnicity not represented in the categories shown. While each of these groups represent distinct populations with differences in health opportunities, risk, and outcomes, they are summarized together due to limited data in national- and state-level surveillance systems.



The Black or African American and Hispanic or Latino populations are projected to experience preventive benefits that are 1.30 and 1.47 times greater compared to the White population. The comparative impact in each population group compared to the population average is provided in a table on page 9.



# Go NAPSACC's Core Components



# Go NAPSACC's Core Components EVIDENCE-BASED PRACTICES



# Go NAPSACC's Core Components 5-STEP IMPROVEMENT PROCESS



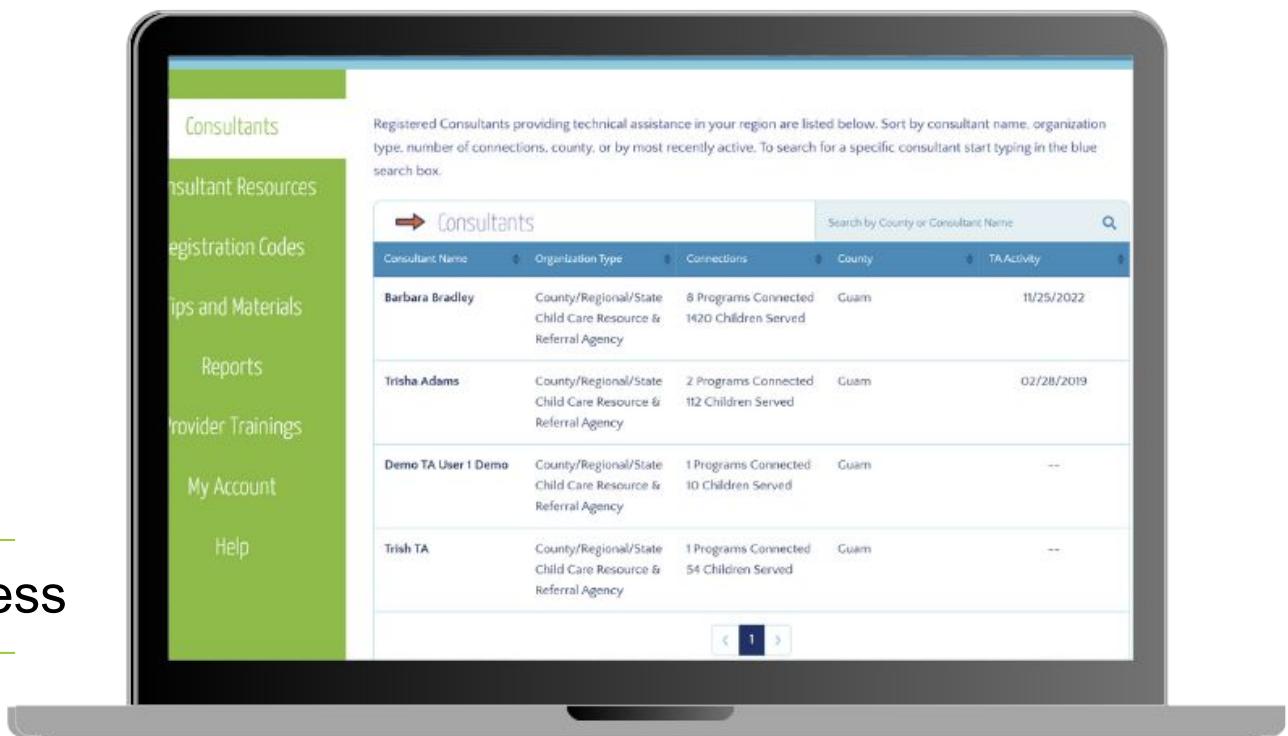
# On-demand State Partner Tools

 Administer

Registration Codes

 Track

TA Activity & Provider Progress



# Big data for little people

Limited datasets capture  
**ECE provider-level**  
evidence-based practices

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Go NAPSACC captures  
assessment data across  
**8 content areas**

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**Pre & post**  
comparison

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**Program**  
**characteristics**  
for analysis

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Options for within, and  
across **state comparisons**

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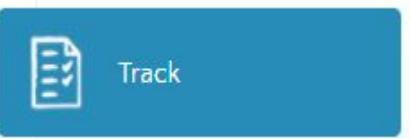


# Consultant Tools



Connect

Local child care programs



Track

Progress through 5-steps



Guide

Resources for TA's & providers



Monitor

Improvements in best practices

WHAT WE DO > WHY GO NAPSACC > HOW TO JOIN > WHO WE ARE >

## MY PROGRAMS

My Programs

Connections

Consultant Resources

Tips & Materials

Reports

My Account

Help

Barbara Bradley

WHAT WE DO > WHY GO NAPSACC > HOW TO JOIN > WHO WE ARE >

MY PROGRAMS

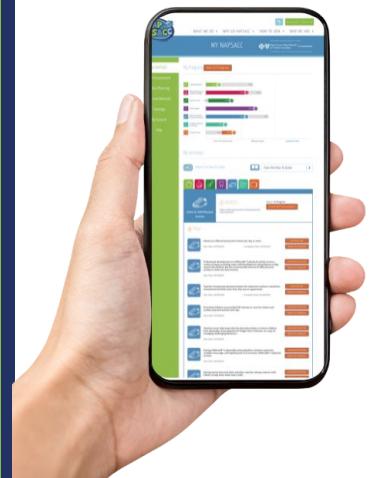
Connected Programs

User Information	Connected	Most Recent Self-Assessment	Most Recent Action Planning	Disconnect
FT Center 1 >	01/22/19	Breastfeeding & Infant Feeding 02/09/2021	Child Nutrition 01/11/2021	
FT Home 1 >	01/22/19	Oral Health 05/08/2019	Oral Health 05/08/2019	
Margaret's Development Center >	02/26/19	Farm to ECE 09/23/2020	Farm to ECE 09/29/2020	
Margaret's dev FCCh >	11/11/19	Child Nutrition 02/17/2020	Child Nutrition 02/17/2020	
Kiddie Academy South Fayette >	10/22/19			
Demo Test Program >	11/03/20			

Invited Programs

Connect to Programs

# On-demand ECE Program Tools

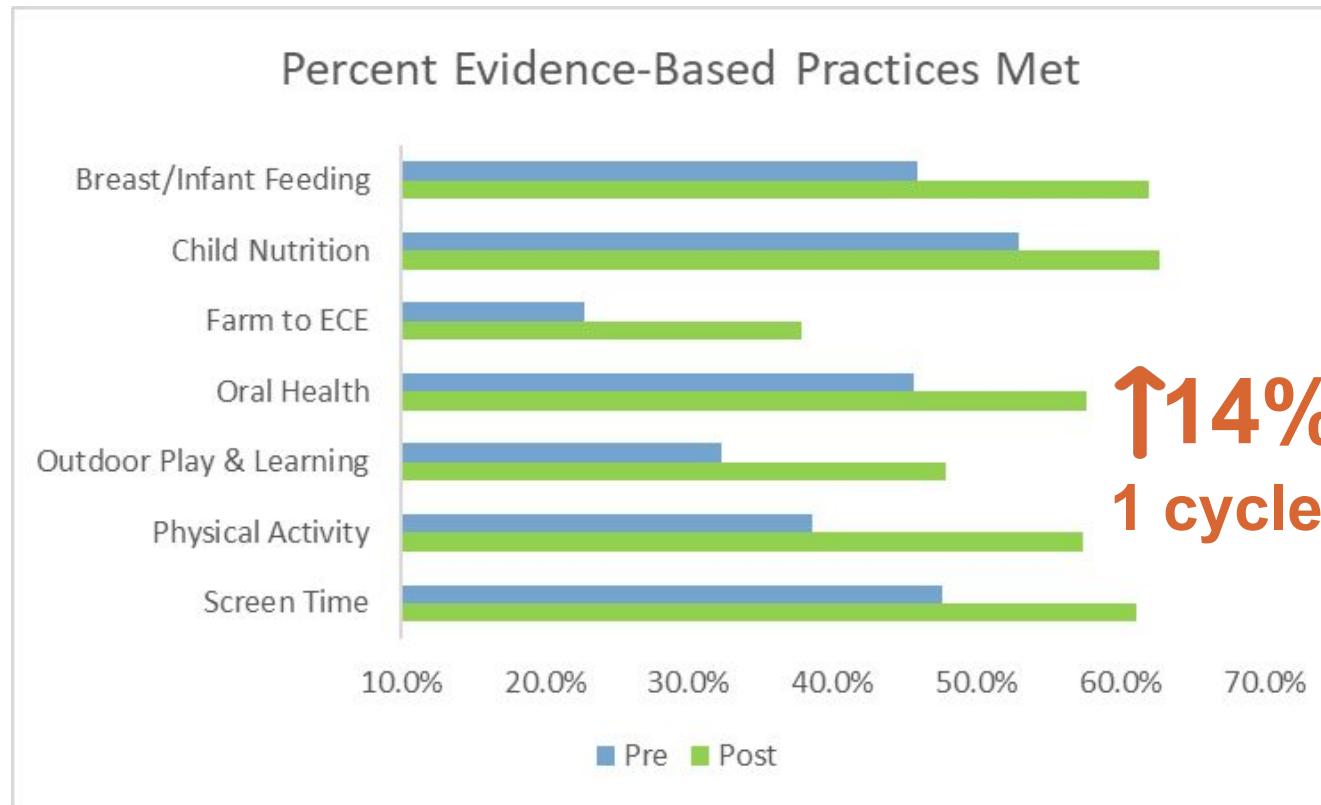


## Educator Tools

- Tailored assessments and action plans
- + 600 resources
- 35 on-demand trainings



# Our Evidence



# Multi-level Implementation Approach



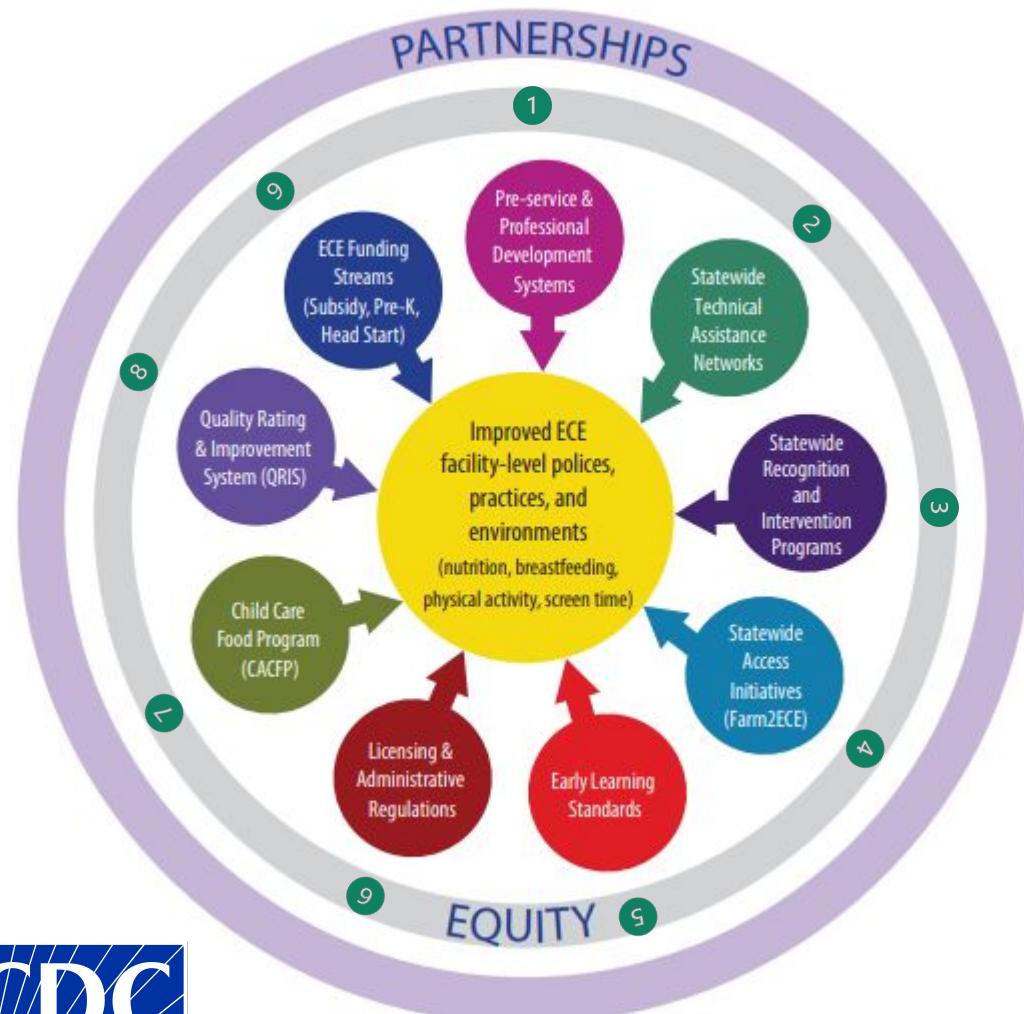
# Multi-level Implementation Approach



# State Systems



# ECE Systems Change Using Using CDC Spectrum of Opportunities & Go NAPSACC



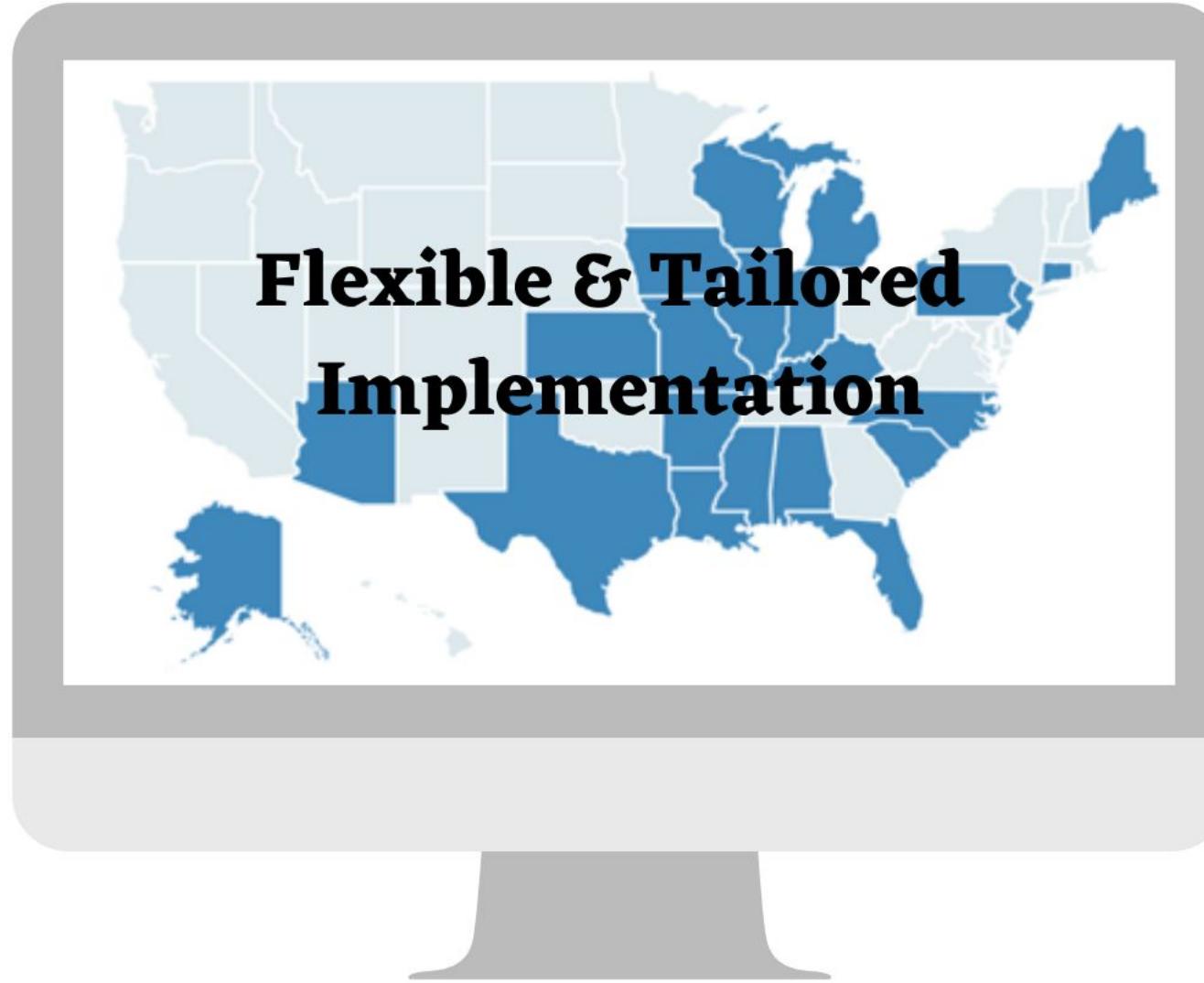
## Implementation Timelines

## Learning Collaboratives

## Learning Cohorts & Communities of Practice

## Dissemination

- Statewide
- Target populations



## State Initiatives

- Farm to ECE
- Outdoor Play & Learning

## State Systems

- QRIS/CQIS
- Recognition Programs

## Mini-Grants

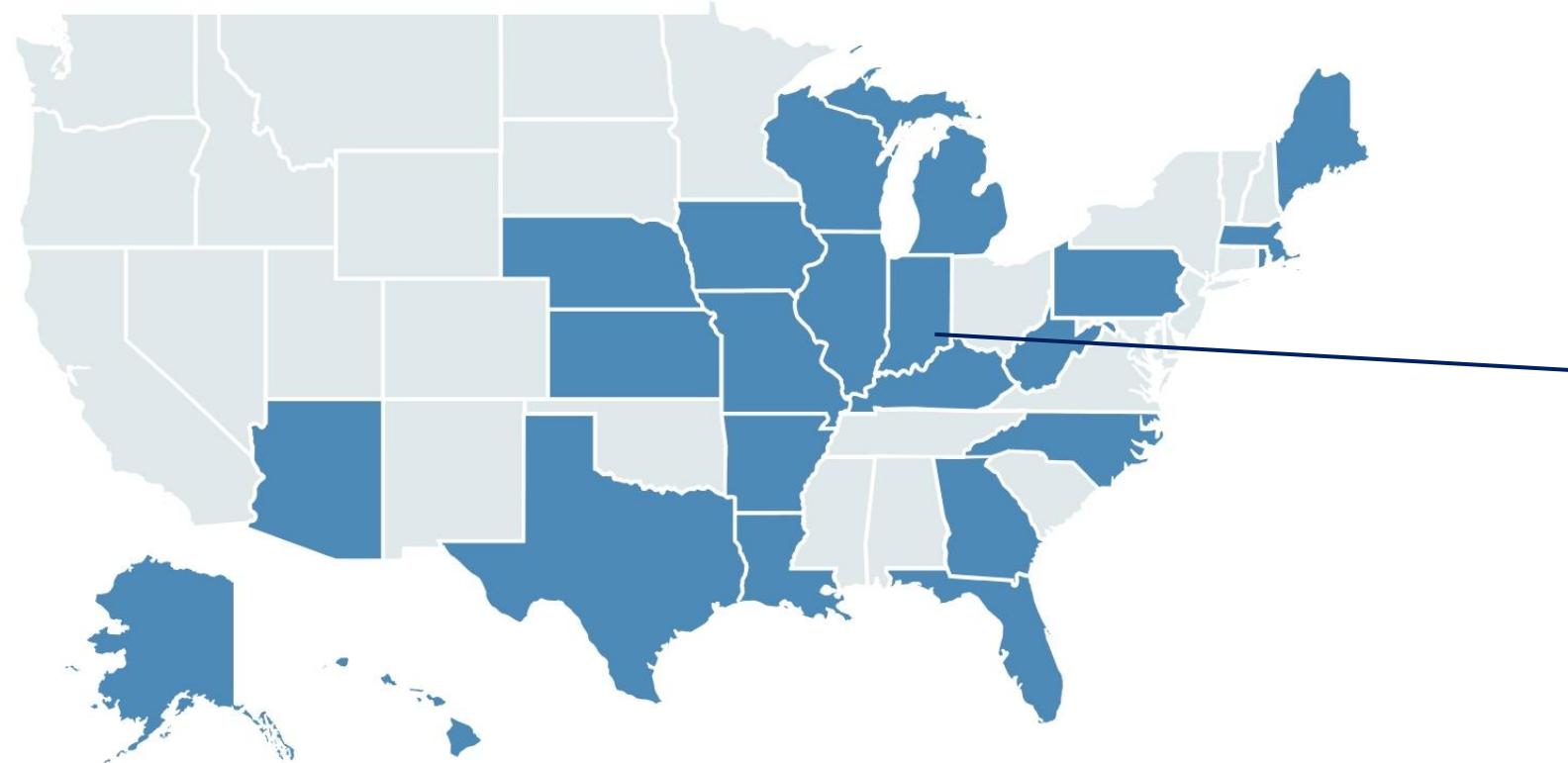
## State Training Registry



# ECE Systems Change

## From NAPSACC Nation

1



### Preservice & Professional Development Systems

A screenshot of the Indiana Association for the Education of Young Children (inaeyc) website. The header includes the logo and navigation links for About INAEYC, Membership, Workforce, Programs, Advocacy, Conference, and Events. A search bar is also present. A featured section highlights the "Indiana Non Formal CDA Project", which aims to empower early childhood educators with greater knowledge and advanced skills to better meet children's individual needs and enhance the overall quality of care and education. A "APPLICATION" button is shown. Below the website screenshot, a text box contains the following message:

Go NAPSACC trainings included in curriculum for Indiana's Child Development Credentialing course.

Indiana



# ECE Systems Change

## From NAPSACC Nation

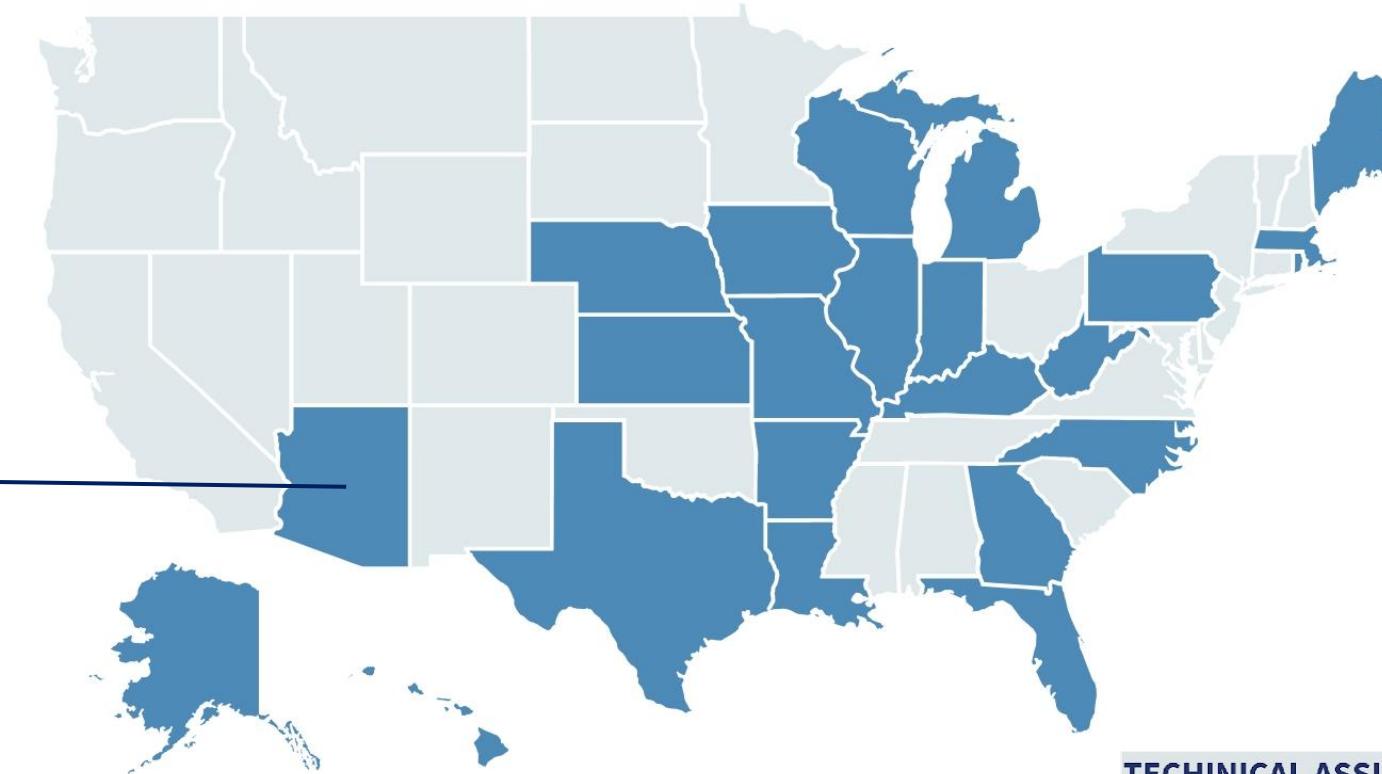
2

### Statewide Technical Assistance Networks



SNAP Ed TAs certified  
as Go NAPSACC  
Consultants who  
evaluate ECE systems  
using Go NAPSACC

Arizona

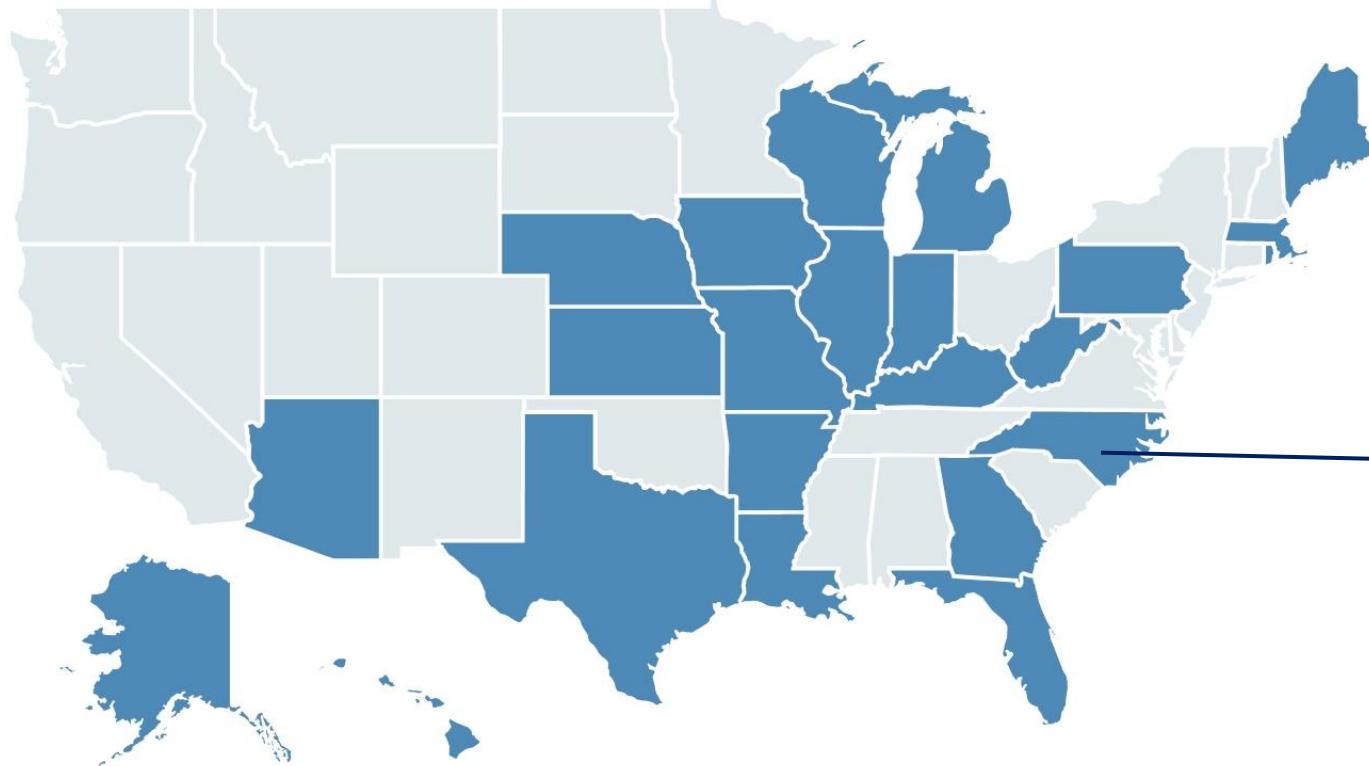


#### TECHNICAL ASSISTANCE NETWORKS USED

- Child Care Resource (**28.6%**)
- SNAP-ed/University/Extension Agents (**26.5%**)
- Child Care Health Consultants (**14.3%**)
- Community Health Educators (**24.5%**)
- Private Contractors (**6.1%**)

# ECE Systems Change

## From NAPSACC Nation



3

### Statewide Recognition Programs



Recognizes NC ECE  
programs meeting  
Go NAPSACC  
evidence-based practices

North  
Carolina



# ECE Systems Change

## From NAPSACC Nation

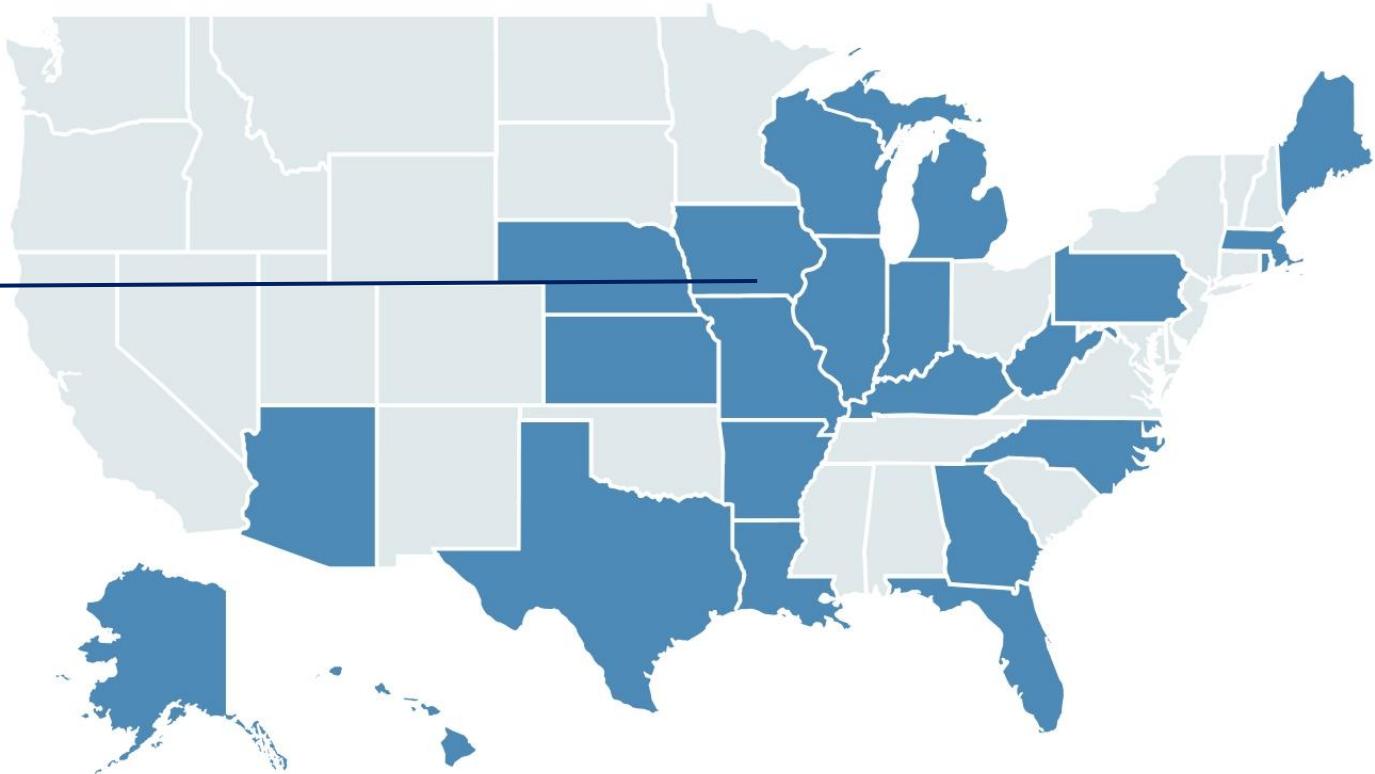
8

### Quality Rating & Improvement Systems



Programs must complete Go NAPSACC self-assessment & action plan to increase quality levels.

Iowa



# Coordinated Efforts to Improve Health-Related Evidence-Based Practices in Early Care and Education Setting in Hawai'i

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A vision for a healthier future

# Program Implementation is Hard...

- 1 “It takes 17 years for...original [public health] research to make its way to practice.” <sup>1</sup>
- 2 Differences exist across each of the 50 states’ ECE systems, capacity, and health promotion goals.
- 3 A clear plan with the right partners is needed to reach any goal.

1. Estabrooks PA, Brownson RC, Pronk NP. Dissemination and Implementation Science for Public Health Professionals: An Overview and Call to Action. Prev Chronic Dis 2018;15:180525.



# Things to Consider...

What success does Hawaii want to see in early childhood?

What lays the foundation for this success?

What is central to expansion of ECE that Hawaii is willing to invest in?

What are Go NAPSACC related goals?



# Examples of Potential Mapping



# Determine Partners

Cooperative Extension

CCHCs

PD Systems

Professional Associations

State ECE Advisory Councils

Regulation & Licensing

Tribal Communities

Birth – 3/ Early Intervention Programs

CCDF

QRIS

Early Learning Standards

CCR&Rs

Head Start

CACFP

State PRE-K

Colleges & Universities

WIC

Obesity Prevention Grantees

Parks & Rec

Health Departments

# Determine goals and outcomes

Number of  
Consultants  
Trained

Number of ECE  
Programs  
Enrolled

Number of  
Counties with  
Active ECE  
Programs

Number of ECE  
Programs  
Completing 1<sup>st</sup>  
Self-Assessments

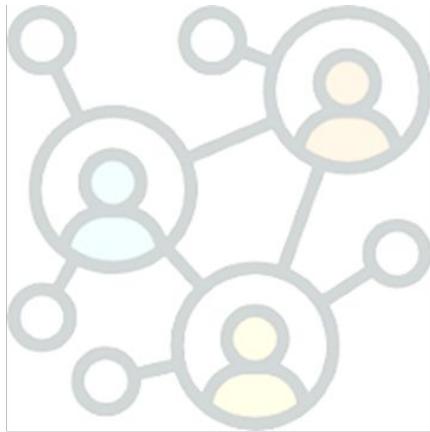
Number of  
ECE Programs  
Creating  
Action Plans

Number of  
ECE Programs  
Completing  
Trainings

Number of  
ECE Programs  
Re-Assessing,  
Completing an  
Entire 5-Step  
Process

Number of  
ECE programs  
earning a state  
recognition,  
QRIS  
standards, etc.



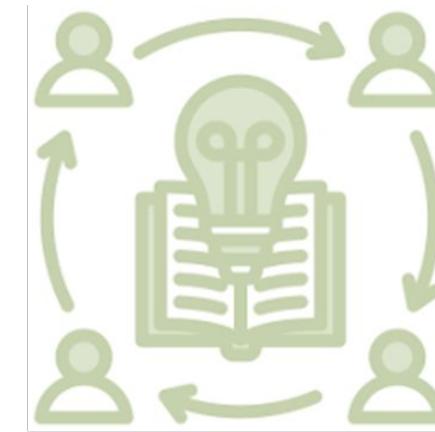


## General Technical Assistance

Lower Cost?  
Lower Complexity?  
Lower Impact?  
Less time?



## Cohort Support



## Learning Collaboratives



## QRIS/QIS

Higher Cost?  
Higher Complexity?  
Higher Impact?  
More Time?



# Determine Implementation Models

Centralized TA

Expanded TA

Train the Trainer

Recognition Programs

QRIS/CQIS

Cohorts  
&  
Communities  
of Practice

Learning  
Collaborative

Mini Grants

Content  
Specific  
Initiatives

Other?

# Questions?

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