Summary Note about the Three Alaska Reports

The Physical Activity and Nutrition (PAN) Program, Alaska Department of Health and Social Services received funding from the Centers for Disease Control and Prevention (CDC) to support statewide and local-level interventions for healthy nutrition, breastfeeding, and safe and accessible physical activity. The State Physical Activity and Nutrition grant, referred to as SPAN, included funding to facilitate early care and education (ECE) providers' participation in the Alaska Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) Quality Initiative (QI). The central component of the QI is the Go NAPSACC online toolset developed by the University of North Carolina at Chapel Hill. The online tools guide ECE programs through a 5-step improvement process to enhance children's healthy eating and physical activity by using national standards and best practices.

Alaska is using the Go NAPSACC data, an online provider survey, and in-depth interviews of providers and TA consultants to help measure progress in the SPAN grant objectives as shown in Alaska's Go NAPSACC Logic Model (see next page). The three reports included with this summary represent progress as of spring 2020.

Here is a brief overview of the attached reports and how they fit into the model:

1. Alaska Go NAPSACC Data Report (pages 2-38)
   This report includes a review of the GNS data for ECE providers who had completed 1 or more baseline and follow-up self-assessments (30 or more days after the baseline) between February 2019 and May 2020. Measures include:
   a. Process measures such as number of self-assessments completed, goals set, etc.
   b. Pre-post evaluation measures: Change in average percent of best practices met, change in average score

2. Alaska Provider Survey Report (pages 39-68)
   ECE providers that completed at least one pre-post self-assessment in any of the seven Go NAPSACC modules during 2019 were invited to participate in a follow-up survey 6 months after their completed post self-assessment. This online survey was designed to learn about ECE providers' experiences with the Alaska Go NAPSACC QI program, including the Go NAPSACC online system, technical assistance (TA) consultants, and resources or incentives provided, and to determine the impact of Go NAPSACC on changes in physical activity and nutrition policies and practices.

3. Provider and Consultant Feedback Report (pages 69-88)
   The purpose of this report is to provide a summary of interviews conducted with ECE providers and technical assistance (TA) consultants to gain further insight into cultural appropriateness and adaptations, sustainability, experiences with the program, its strengths and weaknesses, and suggestions for program improvement.

Reporting and analyses will be updated as more ECE providers are recruited and participate in the Go NAPSACC 5-year initiative. We would like to express our appreciation to the early care and education providers and technical assistance consultants who volunteered their time and provided invaluable insights about their experiences with the Alaska Go NAPSACC program.

Go NAPSACC Early Childhood Education Alaska 2020 Data Report

June 2020

Prepared by:
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June 2020

BACKGROUND

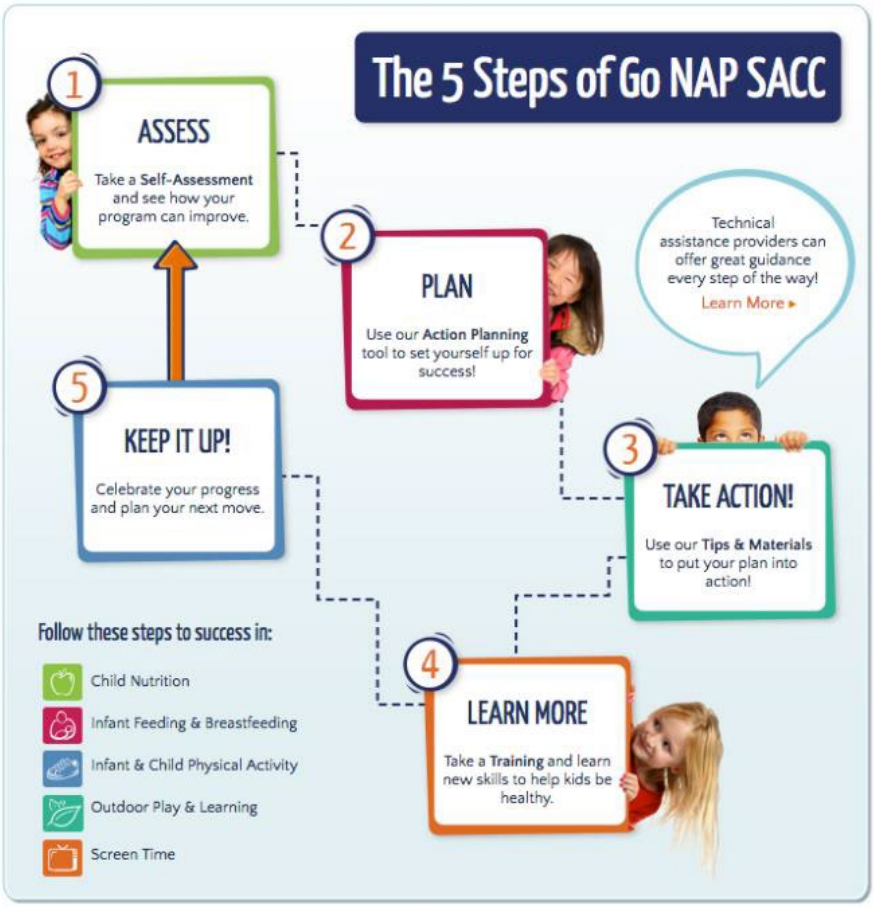
The Physical Activity and Nutrition (PAN) Program, Alaska Department of Health and Social Services received funding from the Centers for Disease Control and Prevention (CDC) to support statewide and local-level interventions for healthy nutrition, breastfeeding, and safe and accessible physical activity. The State Physical Activity and Nutrition grant, referred to as SPAN, included funding to facilitate early care and education (ECE) providers' participation in the Alaska Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) Quality Initiative (QI).

Go NAPSACC is asset of online tools developed by the University of North Carolina at Chapel Hill. The online tools guide programs through a 5-step improvement process to enhance children's healthy eating and physical activity by using national standards and best practices.

The Alaska Go NAPSACC QI program provided participating ECE sites with access to these online tools and a library of trainings, handouts and activities, one-on-one coaching and technical assistance from experienced program consultants, and resources to help sites reach their programmatic goals.

ECE programs used Go NAPSACC to assess current practices and learn how to make improvements in the following seven content areas (also called modules):

- Child Nutrition
- Breastfeeding & Infant Feeding
- Farm to ECE
- Oral Health
- Infant & Child Physical Activity
- Outdoor Play & Learning
- Screen Time



The 5 Steps of Go NAP SACC, excerpted from the How-to Guide for Administrators, UNC-Chapel Hill. https://gonapsacc.org/about-nap-sacc

Go NAPSACC offers tools and reports for ECE providers, TA Consultants, and State administrators to support monitoring the completion of core activities and to evaluate the overall impact of Go NAPSACC.

Go NAPSACC

ALASKA June 2020 Data Report

Alaska Child Care Context

In Alaska there are 557 licensed child care centers, family child care homes, and group homes with a potential capacity to serve 17,307 young children.[1] Most Head Start programs in Alaska are not licensed, but grantees receive funding from the Alaska Department of Education and Early Development to support quality activities in Head Start programs. There are 128 Head Start and Early Head Start programs serving 3,000 children.

Thread, Alaska's Child Care Resource and Referral Network, provides training and technical assistance to licensed ECE providers throughout Alaska. Alaska's PAN Program contracts with Thread to implement the Alaska Go NAPSACC QI program with licensed ECEs. Education specialists from Thread, located in Anchorage, Fairbanks and Juneau, are trained as Go NAPSACC Technical Assistance (TA) consultants.

Thread does not provide services to all ECE programs in Alaska. Some Head Starts, Department of Defense, and Tribally Approved or Certified sites are not licensed, but are approved by Alaska's child care licensing program and monitored to ensure they meet or exceed state licensing regulations. The PAN ECE Coordinator recruits staff within these agencies to become trained as Go NAPSACC TA consultants. During the time frame of this report, two military CACFP nutrition coordinators were recruited and trained as GNS TA consultants and implemented QI programs with military family child care homes.

Go NAPSACC TA consultants provide one-on-one coaching and technical assistance to help ECE providers navigate the Go NAPSACC website and implement the steps for their programs. These consultants receive training from the University of North Carolina Go NAPSACC program. Turnover of TA consultants has been due mostly to staff leaving Thread or moving out of state (Thread and military). The school district and Head Start staff were unable to implement Go NAPSACC at their sites due to time constraints and competing priorities.

Type of Organization	Number people trained as Go NAPSACC TA Consultants from 1/1/19 to 5/31/20	Number of TA consultants that completed at least one QI with an ECE	Number of TA consultants actively providing Go NAPSACC QI on 5/31/20
Thread (CCR&R)	7	6	4
Military	2	1	1
School District Pre-K	1	0	0
Head Start	1	0	0
Tribal Organization	0	0	0
Total	**11**	**7**	**5**

[1] Alaska Department of Health and Social Services. Alaska Early Childhood Physical Activity, Nutrition and Obesity Facts Report. Anchorage, Alaska: Section of Chronic Disease Prevention and Health Promotion, Division of Public Health. December 2019. http://dhss.alaska.gov/dph/Chronic/Documents/Obesity/pubs/2019ChildhoodPAN_Facts.pdf

Evaluation

As part of the evaluation activities required by the CDC for the SPAN grant, Program Design and Evaluation Services, a public health research and evaluation contractor to the AK PAN program, analyzed the Go NAPSACC data output-reports for Alaska. This report summarizes findings for Alaska ECE providers that enrolled in Go NAPSACC between February 2019 and June 2, 2020, with a focus on those who completed one or more content area modules.

Information that the Go NAPSACC reports can provide:

1. What is the Reach of the Go NAPSACC program?
    a. Have ECE providers been recruited and enrolled at a rate of 20-25 per year?
    b. How many children are in enrolled programs?
    c. What are the characteristics of enrolled programs?
2. How has the program been Implemented?
    a. Are ECE providers receiving consultation and training?
    b. What content areas have been chosen?
    c. Have ECE providers made action plans and set goals?
3. What is the Impact of the program?
    a. Has there been a change in the number of best practices implemented?
    b. Have self-assessment scores improved?
    c. Have ECE providers made progress in implementing best practices in their selected content areas?
    d. Are there specific practices that are not showing improvement?

This report will be used to identify additional issues to discuss with consultants and to inform the next phase of evaluation, including the next cycle of follow-up surveys of ECE providers and interviews with TA consultants and providers.

Go NAPSACC

ALASKA June 2020 Data Report

REACH

As of June 2, 2020, Alaska's Go NAPSACC participation included 40 ECE providers, representing 7% of the ECE providers and 6% of children served in ECE programs in the state. Participation is defined as registering for Go NAPSACC and starting at least one self-assessment (SA) in one or more content area modules.

The table below shows information about ECE providers registered in Go NAPSACC.

Registered ECE Program Type and Number of Children Served

	Total Number of Programs Enrolled	Total Number of Children Served
Participating ECE's	**40**	**995**
Center-based	16	797
Family child care home	24	198
ECE's registered but no SA completed yet		
Center-based	1	70
Family child care home	4	23
Head Start	1	550

The table below shows the starting time frame by region, of when participating ECE providers made a start in one or more content area modules. In addition, it shows the number of providers in those time frame groups who completed one or more modules sometime in the overall time period (February 2019 to June 2, 2020).

Participating ECE Providers by Region and Starting Date

	Feb-Sept 2019		Oct/19-Mar 2020		Apr-May 2020		Overall	
Region	Start	Complete	Start	Complete	Start	Complete	Start	Complete
Anchorage	7	7	6	5			13	12
Fairbanks	2	1	3		3		8	1
MatSu	4	2	2	1			6	3
Southeast	5	3	5	4			10	7
SW/Gulf	2	1	1	1			3	2
Totals	20	14	17	11	3	0	40	25

Go NAPSACC

ALASKA June 2020 Data Report

The table below is a snapshot of participating and completing early care and education providers. Between February 2019 and June 2, 2020, there were 40 participating ECE's, and 25 who have completed the cycle for at least one of the content area modules.

Participating ECE Provider Program Characteristics

Program Characteristics	All Participating		Completers	
	n	(%)	n	(%)
Type of program				
• Center-based	16	40%	8	32%
• Family Child Care Home (FCCH)	24	60%	17	68%
• Head Start	0	--	0	--
• School-based	0	--	0	--
Program association*				
• Faith-based	4	10%	1	4%
• Native American/Alaska Native Tribe	5	13%	5	20%
• Military	12	30%	7	28%
• None	22	55%	15	60%
Geography				
• Anchorage	13	33%	12	48%
• MatSu	6	15%	3	12%
• Fairbanks North Star	8	20%	1	4%
• Gulf Coast and Southwest Regions	3	8%	2	8%
• Southeast Region	10	25%	7	28%
Enrollment type				
• Full-day	38	95%	25	100%
• Half-day	2	5%	0	--
Ages served				
• 0 to 2 years	34	85%	22	88%
• 2 to 5 years	40	100%	25	100%
Meals Provided				
• < 12 months	29	73%	18	72%
• ≥ 12 months	38	95%	23	92%
Other Characteristics				
Participates in CACFP	29	73%	19	76%
Years in operation (average)	14.7		16.6	
Total Number of Children	995		620	

* Some providers have multiple associations

Note: CACFP = Child and Adult Care Food Program

Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.

IMPLEMENTATION

The figure below shows the number of ECE providers completing major milestones (between February 2019 and June 2, 2020) by content area/module. Numbers for SA's and "Action Plan Created" come from the Activity Snapshot report. Numbers for "Action Plan Completed" come from the Detailed Activity report, but these are less reliable, because of missing information. ECE providers would have to enter another screen to enter that information, and results indicate that this part of the Go NAPSACC toolset was not consistently utilized.

Number of Alaska ECE Providers Completing Major Milestones of the Go NAPSACC Program

Module	Initial SA	AP Created	AP Completed	Followup SA
Breastfeeding	n = 26	n = 19	n = 14	n = 15
Nutrition	n = 39	n = 28	n = 19	n = 20
Farm to ECE	n = 18	n = 8	n = 1	n = 2
Oral Health	**n = 15**	n = 9	n = 5	n = 7
Outdoor Play	n = 23	n = 19	n = 7	n = 5
Physical Activity	n = 20	n = 14	n = 7	n = 8
Screentime	n = 20	n = 12	n = 6	n = 7

Note: SA = Self-Assessment. AP = Action Plan. ECE = Early Care and Education

Go NAPSACC

ALASKA June 2020 Data Report

Consultant Activity Summary

TA consultants help to recruit ECE providers, provide group or individual onboarding to participating ECE programs to demonstrate how the provider tools work and to review milestones, key dates, and incentives associated with Go NAPSACC implementation.

After ECE providers complete 1 or more self-assessments, they identify 2 to 3 goals in each module they have chosen and create action plans for these goals. TA consultants provide ongoing support to ECE providers as they work toward these goals.

Although the Go NAPSACC Activity Snapshot and Activity Detail reports are designed to provide information about TA consultation, the Alaska data are incomplete and do not reflect the TA activities for all consultants. In addition, some consultants who did enter information into Go NAPSACC did not differentiate consultation activities by the provider they assisted.

The table below provides some information that could be gleaned from the Activity reports as well as the Detailed Goal report, for TA consultants who did add information.

Consultant Activity

Data Elements	N	Range
Number of Consultants (active)	5	9*
Average Caseload	3.6	1 to 10
Number of ECE's participating without a Consultant listed in Go NAPSACC	8	
Number of Consultants who entered Activity data	4	
Number of ECE Providers mentioned in Activity data	6	
Number of ECE Providers listed for the 4 Consultants in Registration report	14	
Average hours spent per ECE provider**	57**	
Implementation Support logged	# of logs	
• *Orientation*	1	
• *Self-Assessment*	5	
• *Goal Setting*	4	
• *Action Planning*	4	
• *Resource Identification*	1	
• *Check-in*	14	
• *Training*	0	

*9 TA consultants are listed in the Registration report for participating ECE providers, but 5 are noted as currently active per PAN program communication.

**Average hours are estimated based on hours entered by the 4 Consultants who entered data in the Activity report, divided by the number of participating ECE providers listed for those Consultants in the Registration report.

IMPACT

The table below shows the changes in scores for each of the available content areas. These changes are only reported for completers (ECE providers with an initial and final self-assessment that meet the criteria of <10% missing data) and where at least 5 providers completed the module. Standard deviation (SD) indicates the amount of variation or dispersion of module scores (by provider). A larger SD means that the scores are more spread out. In future reports we will add the p-value from paired t-tests for modules with 10 or more completers.

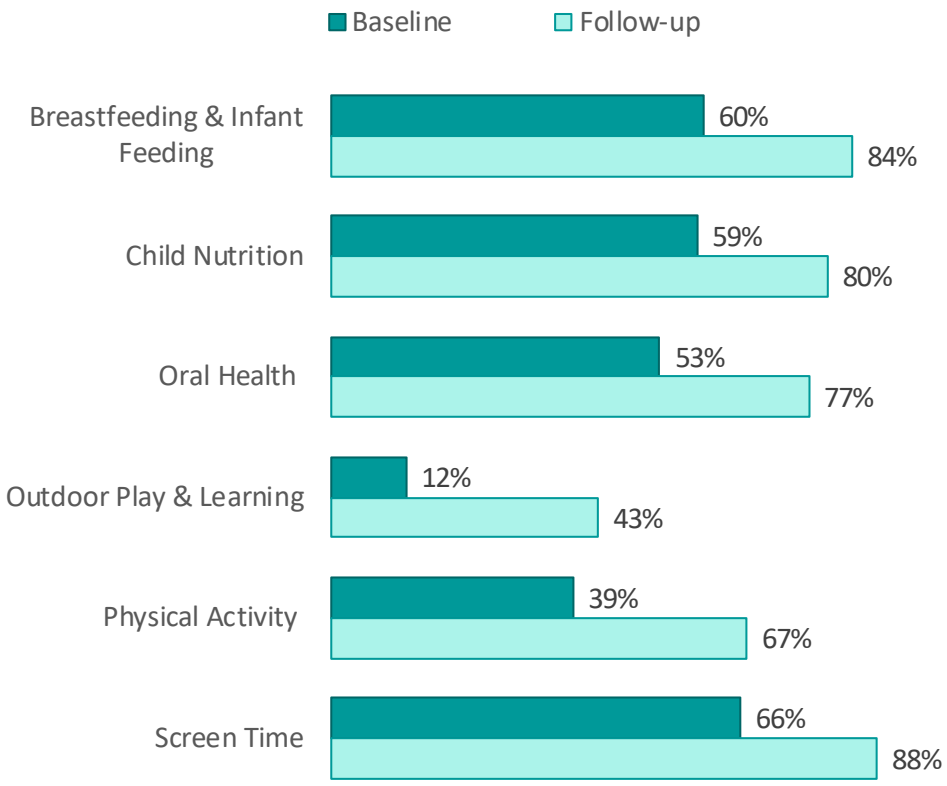
Changes in Module Metrics Scores on Self-Assessments (Completers Only)

Content Area Module		Baseline		Follow-up at 30+ days		Change		p-value
	n	mean	SD	mean	SD	mean	SD	
Breastfeeding & Infant Feeding	15							
· *% Best practices met*		59.9	22.2	83.7	22.2	23.9	21.8	
· *Total score*		80.9	13.1	93.2	10.7	12.3	13.5	
Child Nutrition	20							
· *% Best practices met*		59.3	17.4	80.0	16.3	20.6	18.4	
· *Total score*		80.9	12.7	92.0	6.7	11.1	12.9	
Farm to ECE	2							
· *% Best practices met*								
· *Total score*								
Oral Health	7							
· *% Best practices met*		52.7	33.4	77.0	27.8	24.3	26.6	
· *Total score*		67.7	23.8	86.3	17.9	18.6	17.5	
Outdoor Play & Learning	5							
· *% Best practices met*		12.0	5.3	43.4	26.0	31.4	16.9	
· *Total score*		56.0	6.0	75.0	15.7	19.0	9.5	
Physical Activity	8							
· *% Best practices met*		39.1	30.6	67.4	27.4	28.3	19.4	
· *Total score*		69.9	16.6	86.5	12.5	16.6	10.5	
Screen Time	7							
· *% Best practices met*		65.6	27.5	87.6	19.1	22.0	15.7	
· *Total score*		79.9	18.1	95.9	6.3	16.0	11.4	

Note: SD = Standard Deviation.
Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.
Statistics not shown for Content Areas with < 5 completers.

The average percent of best practices that were met increased in all content areas. At follow-up, 80% or more of best practices were being met for Breastfeeding, Child Nutrition, and Screen Time modules. Substantial improvement was also seen in the content areas that initially had the lowest percent of met practices, including Outdoor Play and Learning, Physical Activity, and Oral Health.

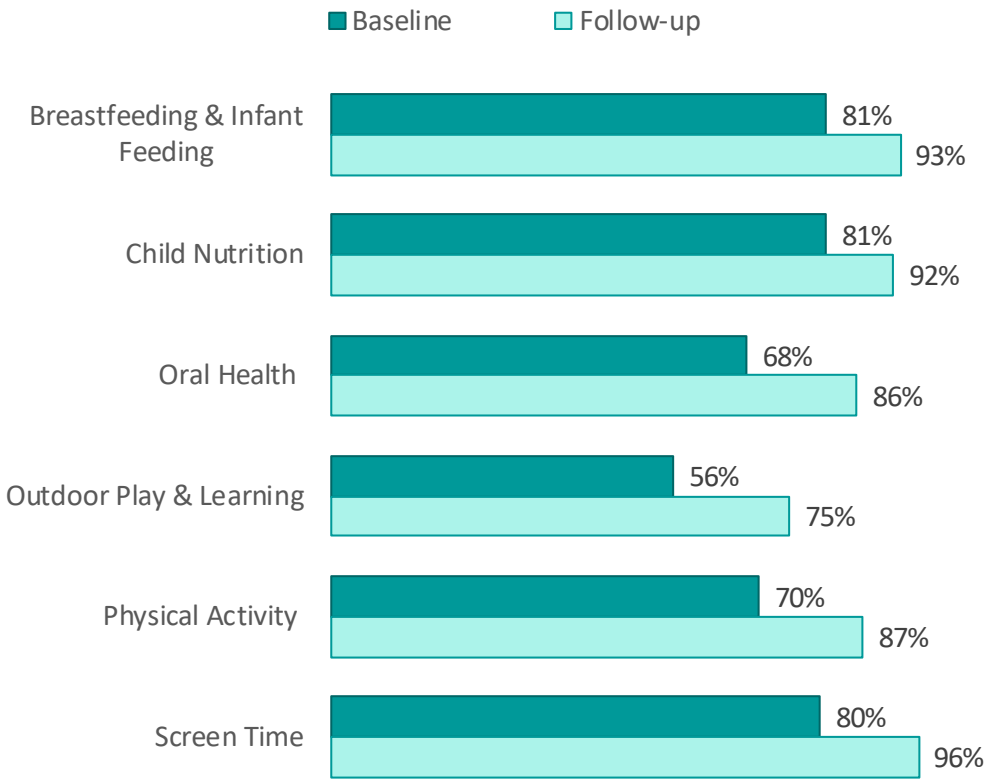
Figure 1. Changes in Best Practices Met by Module



Mean scores also improved in all content areas. Baseline scores were highest for Breastfeeding, Child Nutrition, and Screen Time, and they remained highest at the follow-up as well.

Outdoor Play & Learning had the lowest baseline average score at 56% but had a slightly higher increase than most other modules, landing at a mean of 75% in the follow-up.

Figure 2. Changes in Mean Scores on Self-Assessments by Module



INDIVIDUAL MODULE RESULTS

In this section, we discuss results for each of the Go NAPSACC content area modules.

For each module except the Farm to ECE module (which had only 2 completers), we include:

1. An overview of the Best Practices items in each module
2. Tables of the top 5 highest/lowest scoring practices among completers, in their initial assessment
3. Tables of the most/least improved practices among completers.
4. One or more bar graphs highlighting the most salient results

Items are excluded from the list if no completers were eligible to answer or if no data were recorded in the Go NAPSACC report. Per communication with UNC Go NAPSACC staff, the data reports downloaded for this evaluation exclude the answers about written policies (e.g., BF9 - does program have a written policy on breastfeeding), and a few other specific questions (e.g., OP11a-d).

Although no data on policy questions were available, respondents answering subsequent questions (e.g., BF10 for BF9) would have had to say yes to having a policy in order to score higher than 1. Those who scored 1 (or 0 in some cases) either had no written policy or a policy that does not include any of the elements asked about in the follow-up question relating to Best Practices recommendations. From that information, we can deduce the number of programs with written policies, as noted in the table below.

Changes in number of Alaska ECE Providers reporting no/any written policy by module

Provider does not have a written policy about:	Eligible to answer	Initial SA		Final SA	
		No policy		No policy	
	Total	n	%	n	%
Breastfeeding & Infant Feeding					
· *BF9 – no breastfeeding policy*	15	7	47%	1	7%
· *BF24 – no infant feeding and nutrition policy*	15	6	40%	1	7%
Child Nutrition					
· *CN45 – no child nutrition policy*	20	3	14%	1	5%
Farm to ECE	2	--	--	--	--
Oral Health					
· *OH25 – no policy on the prevention of children's tooth decay*	7	5	71%	3	43%
Outdoor Play & Learning					
· *OP19 – no outdoor play policy*	5	2	--	2	--
Physical Activity					
· *PA22 – no physical activity policy*	8	3	38%	2	25%
Screen Time					
· *ST12 – no policy on screen time*	7	1	14%	0	0%

Note: Providers answering 0/1 on the subsequent question after policy question are counted as having no policy.

Breastfeeding & Infant Feeding

Of the 15 ECE providers who completed this module, 7 initially indicated that they did not have a written policy on breastfeeding (BF9), and 6 indicated no written policy on infant feeding and nutrition (BF24).

When the score is expressed as a percentage, all practices except B4 scored above 80% in the follow-up assessment, and most participants were implementing more practices. As for B4 (posting of materials promoting breastfeeding), it should be noted that this question was only asked of the center-based ECE providers (n=4, rather than n=15).

The figure below provides the averaged responses for each best practice question and the difference between the initial and final self-assessments.

Figure 3. Overview of BF Module Responses

Q#	Initial SA score avg	Final SA score avg	Initial SA percent	Final SA percent	Difference
BF1*	2.5	2.9	84%	96%	▲ 11%
BF2	3.4	3.7	85%	93%	▬ 8%
BF3	4.0	4.0	100%	100%	▬ 0%
BF4	2.3	3.0	56%	75%	▲ 19%
BF5	3.4	3.7	85%	93%	▬ 8%
BF6	2.7	3.5	67%	88%	▲ 22%
BF7	3.3	3.7	82%	93%	▲ 12%
BF8	2.9	3.7	73%	93%	▲ 20%
BF9					
BF10	2.1	3.7	52%	92%	▲ 40%
BF11	4.0	4.0	100%	100%	▬ 0%
BF12	4.0	3.9	100%	98%	▼ -2%
BF13	3.8	3.9	96%	98%	▬ 2%
BF14	3.5	3.7	87%	93%	▬ 7%
BF15	3.5	3.7	87%	93%	▬ 7%
BF16	3.2	3.8	80%	95%	▲ 15%
BF17	3.5	3.7	87%	93%	▬ 7%
BF18	3.3	3.8	83%	95%	▲ 12%
BF19	2.9	3.5	72%	88%	▲ 17%
BF20	2.9	3.5	72%	87%	▲ 15%
BF21	3.2	3.7	80%	92%	▲ 12%
BF22	3.1	3.5	77%	88%	▲ 12%
BF23	3.3	3.7	83%	92%	▬ 8%
BF24					
BF25	2.6	3.7	65%	92%	▲ 27%

* BF1 high score is 3, not 4; percentage adjusts so that BF1 can be compared to other BF indicators, where high score is 4.

No data are captured in Go NAPSACC reporting for BF9 (does program have a written policy on breastfeeding) and BF24 (does program have a written policy on infant feeding and nutrition).

Breastfeeding & Infant Feeding (continued)

Top 5 Highest and Lowest Scored Practices from Initial Self-Assessment

	Item	Question #	Average Score
Highest Scored Items			
1	Can program provide enough refrigerator and/or freezer space for all breastfeeding mothers to store expressed breast milk? (4=always)	BF3	4
2	When your program purchases cereal or formula for infants, how often is it iron rich? (4=always)	BF11	4
3	When your program purchases or prepares mashed or pureed meats or vegetables for infants, how often do these foods contain added salt? (4=rarely/never)	BF12	4
4	How often does your program purchase baby food desserts that contain added sugar? (4=rarely/never)	BF13	3.8
5a	Flexibility in scheduling when teachers feed infants (4=fully flexible for when infants show they are hungry)	BF14	3.5
5b	How do teachers decide when to end infant feedings? (4=when infant shows they are full)	BF15	3.5
5c	At meal times, how often do teachers praise and give hands-on help to guide older infants as they learn to feed themselves? (4=always)	BF17	3.5
Lowest Scored Items			
1	Number of topics (from list) included in written policy on promoting and supporting breastfeeding (1=none or user answered "No" on BF9).	BF10	2.1
2	Question about where (from list) breastfeeding promotion materials are located (not asked of the FCCH ECE's, only center-based programs; 1=none, 4=3-4 places).	BF4	2.3
3	Number of topics (from list) included in written policy on infant feeding and nutrition (0/1=none or user answered "No" on BF24).	BF25	2.6
4	How often do teachers/staff/you receive professional development on promoting and supporting breastfeeding? (1=never, 4=2+ times per year)	BF6	2.7
5a	When are expectant families and families with infants offered educational materials on breastfeeding? (1=rarely or never, 4=for all prospective families, as well as when families ask, and at 1 set time per year)	BF8	2.9
5b	Amount of information (from list) that is included on the written infant feeding plan form for families to fill out (1=none, 4=4 or more from list)	BF19	2.9

Note: Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.

Breastfeeding & Infant Feeding (continued)

Top Practices Showing Highest and Lowest Improvement (SA scores in parentheses)

	Item	Question #	Difference* in %
Most Improved Practices			
1	Number of topics (from list) included in written policy on promoting and supporting breastfeeding (Average score increased from 2.1 to 3.7).	BF10	40%
2	Number of topics (from list) included in written policy on infant feeding and nutrition (Average score increased from 2.6 to 3.7).	BF25	27%
3	How often do teachers/staff/you receive professional development on promoting and supporting breastfeeding? (Average score increased from 2.7 to 3.5)	BF6	22%
4	When are expectant families and families with infants offered educational materials on breastfeeding? (Average score increased from 2.9 to 3.7)	BF8	20%
5	Question about where breastfeeding promotion materials are located. (Average score increased from 2.3 to 3.0)	BF4	19%
6	Amount of information that is included on the written infant feeding plan form for families to fill out . (Average score increased from 2.9 to 3.5)	BF19	17%
Least Improved Practices			
1	When your program purchases or prepares mashed or pureed meats or vegetables for infants, how often do these foods contain added salt? (4.0 to 3.9)	BF12	-2%
2	Program can provide enough refrigerated space for expressed breast milk (Average score stayed at 4.0)	BF3	0%
3	Program always purchases iron-rich infant cereal and formula (Average score stayed at 4.0)	BF11	0%
4	Program rarely or never purchase baby food desserts that contain added sugar (3.8 to 3.9)	BF13	2%
5a	Flexibility in scheduling when teachers feed infants (3.5 to 3.7)	BF14	7%
5b	Teachers decide when to end feeding infant when infant shows they are full (3.5 to 3.7)	BF15	7%
5c	At meal times, how often do teachers praise and give hands-on help to guide older infants as they learn to feed themselves? (3.5 to 3.7)	BF17	7%

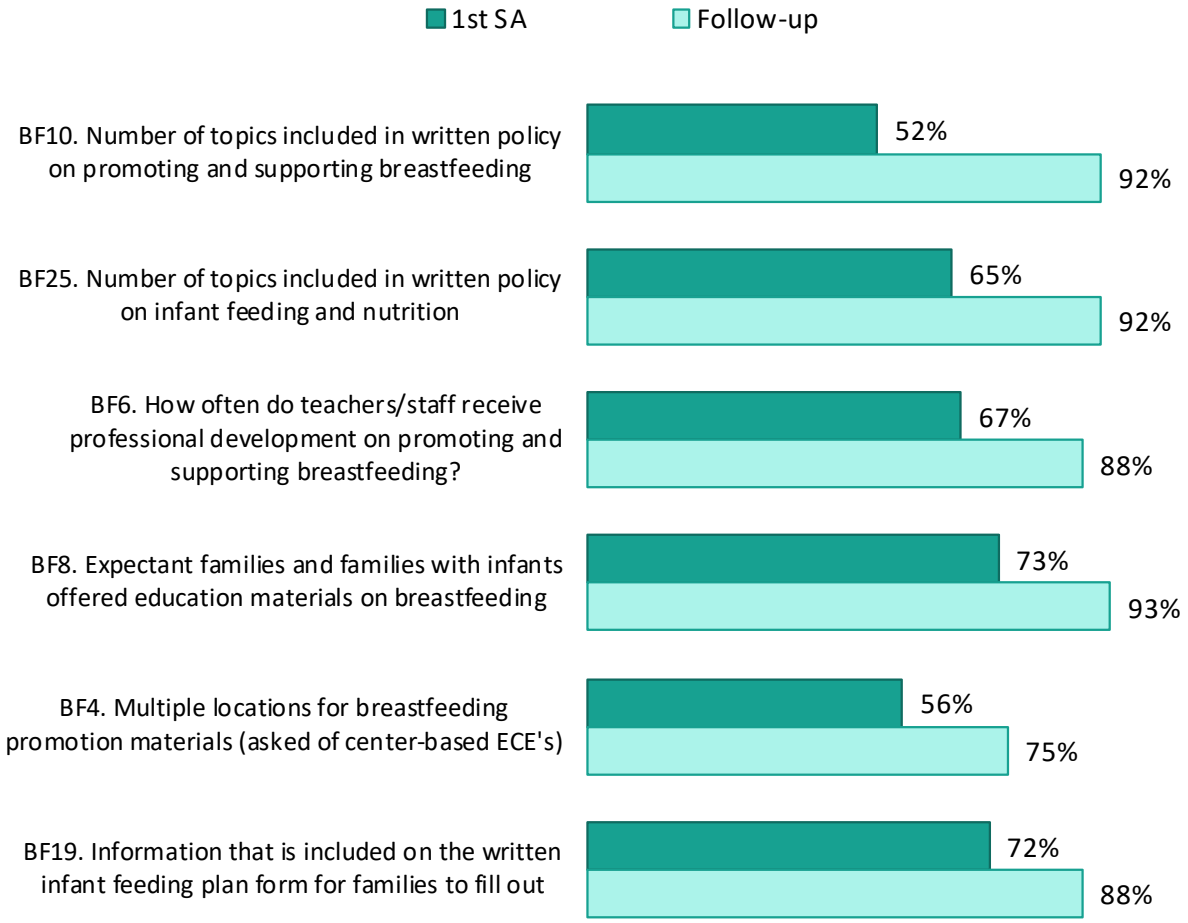
**Change between initial and final SA is converted from average score to average percent to better assess the difference between the two assessment scores. Difference is the final average score percent minus the initial average score percent.*
Note: Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.

Breastfeeding & Infant Feeding (continued)

Among participants who completed both the initial and follow-up Self-Assessments (SA), all practices showed improvement except where the practices were already fully implemented in the first Self-Assessment (e.g., BF3, 11, 12).

The graph below shows the top 6 practices in which the most improvement took place. They are listed in order of largest to smallest difference between first and follow-up SA.

Figure 4. BF Practices showing the most improvement



Child Nutrition

The figures on this page and the following page provide the averaged responses for each best practice question and the difference between the initial and final self-assessments.

When the average score is expressed as a percentage, most practices scored above 80% in the follow-up assessment. Practices still scoring below 80% include CN31, 39, and 44.

Of the 20 ECE providers who completed this module, 3 initially indicated that they did not have a written policy on child nutrition (CN45).

Figure 5a. Overview of Module Responses CN1 – CN25

Q#	Initial SA score avg	Final SA score avg	Initial SA percent	Final SA percent	Difference
CN1	3.7	4.0	93%	99%	6%
CN2	3.6	3.8	89%	94%	5%
CN3	3.4	3.7	85%	93%	8%
CN4	3.2	3.8	80%	95%	15%
CN5	3.5	3.9	88%	98%	10%
CN6	3.9	4.0	98%	100%	3%
CN7	3.9	3.8	98%	95%	-3%
CN8	3.7	3.9	91%	96%	5%
CN9	3.2	3.3	79%	83%	4%
CN10	3.4	3.7	85%	93%	8%
CN11	4.0	4.0	100%	100%	0%
CN12	3.8	3.9	94%	98%	4%
CN13	4.0	4.0	99%	100%	1%
CN14	3.8	4.0	94%	100%	6%
CN15	4.0	3.7	100%	93%	-8%
CN16	3.8	4.0	95%	100%	5%
CN17	2.8	3.5	69%	88%	19%
CN18	3.8	4.0	95%	99%	4%
CN19	2.5	3.5	62%	87%	25%
CN20	3.8	4.0	94%	100%	6%
CN21	3.0	3.6	74%	90%	16%
CN22	4.0	4.0	99%	100%	1%
CN23	3.4	3.8	85%	94%	9%
CN24	2.6	3.7	65%	93%	28%
CN25	3.6	3.8	90%	94%	4%

Child Nutrition (continued)

Figure 5b. Overview of Module Responses CN26 – CN46

Q#	Initial SA score avg	Final SA score avg	Initial SA percent	Final SA percent	Difference
CN26	4.0	4.0	100%	100%	0%
CN27	3.5	3.9	88%	98%	10%
CN28	3.7	3.9	91%	96%	5%
CN29	2.6	3.5	65%	88%	23%
CN30	3.5	4.0	88%	100%	13%
CN31	2.0	2.6	49%	64%	15%
CN32	3.0	3.5	75%	88%	13%
CN33	3.9	4.0	96%	100%	4%
CN34	3.5	3.8	88%	94%	7%
CN35	3.4	3.9	86%	99%	13%
CN36	3.2	3.6	80%	89%	9%
CN37	2.6	3.5	64%	86%	23%
CN38	3.9	4.0	96%	100%	4%
CN39	2.6	2.8	65%	70%	5%
CN40	3.1	3.6	78%	90%	13%
CN41	3.0	3.4	74%	84%	10%
CN42	3.1	3.3	76%	81%	5%
CN43	2.5	3.2	61%	80%	19%
CN44	2.5	3.1	63%	78%	15%
CN45					
CN46	2.8	3.3	70%	83%	13%

* CN34 and CN35 are asked only if ECE provider enrolls toddlers (age 13-24 months), so n=19 for those items.

No data are captured in Go NAPSACC reporting for CN45 (does program have a written policy on child nutrition).

Child Nutrition (continued)

Top 5 Highest and Lowest Scored Practices from Initial Self-Assessment

	Item	Question #	Average Score
Highest Scored Items			
1	How often does your program offer high-sugar, high-fat foods? (4=less than 1 time per week or never)	CN11	4.0
2	Where are soda and other vending machines located? (4=no vending machines on site)	CN26	4.0
3	How often does your program offer children a 4–6 oz. serving of 100% fruit juice? (4=2 times per week or less)	CN15	4.0
4	How often are children given sweet or salty snacks outside of meal and snack times? (4=less than 1 time per week or never)	CN13	4.0
5	How often do teachers and staff eat or drink unhealthy foods or beverages in front of children? (4=rarely or never)	CN22	4.0
Lowest Scored Items			
1	How often do teachers use an authoritative feeding style? (1=rarely or never)	CN31	2.0
2	How often are families offered education on child nutrition? (1=never, 2=less than 1 time per year)	CN43	2.5
3	Which of the following best describes how meals and snacks are served to preschool children? (1=pre-plated with set portions, 4=children choose and serve themselves)	CN19	2.5
4	Which of the following topics (from list) are included in education for families on child nutrition? (1=none, 0 if ECE said 'never' on preceding question about how often families are offered education on child nutrition)	CN44	2.5
5	How long is your program's menu cycle? (1=1 week or shorter, 4=3 weeks or longer with seasonal change)	CN37	2.6

Note: Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.

Child Nutrition (continued)

Top Practices Showing Highest and Lowest Improvement (SA scores in parentheses)

	Item	Question #	Difference* in %
Most Improved Practices			
1	Which of the following best describes your program's collection of posters, books, and other learning materials that promote healthy eating? (Average score increased from 2.6 to 3.7)	CN24	28%
2	Which of the following best describes how meals and snacks are served to preschool children? (Average score increased from 2.5 to 3.5)	CN19	25%
3	How long is your program's menu cycle? (Average score increased from 2.6 to 3.5)	CN37	23%
4	When children request seconds, how often do teachers ask them if they are still hungry before serving more food? (4=always; average score increased from 2.6 to 3.5)	CN29	23%
5	Which type of milk does your program offer to children ages 2 years and older? (Average score increased from 2.8 to 3.5)	CN17	19%
6	How often are families offered education on child nutrition? (Average score increased from 2.6 to 3.2)	CN43	19%
Least Improved Practices			
1	How often does your program offer children a 4–6 oz. serving of 100% fruit juice? (4.0 to 3.7)	CN15	-8%
2	How often does your program offer fried or pre-fried meats or fish? (3.9 to 3.8; 4=less than 1 time per week or never)	CN7	-3%
3	Where are soda and other vending machines located? (4=no vending machines on site (Average score stayed at 4.0)	CN26	0%
4	How often does your program offer high-sugar, high-fat foods? (Average score stayed at 4.0)	CN11	0%
5	How often do teachers and staff eat or drink unhealthy foods or beverages in front of children? (Average score stayed at 4.0)	CN22	1%
6	How often are children given sweet or salty snacks outside of meal and snack times? (Average score stayed at 4.0)	CN13	1%

**Change between initial and final SA is converted from average score to average percent to better assess the difference between the two assessment scores. Difference is the final average score percent minus the initial average score percent.*
Note: Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.

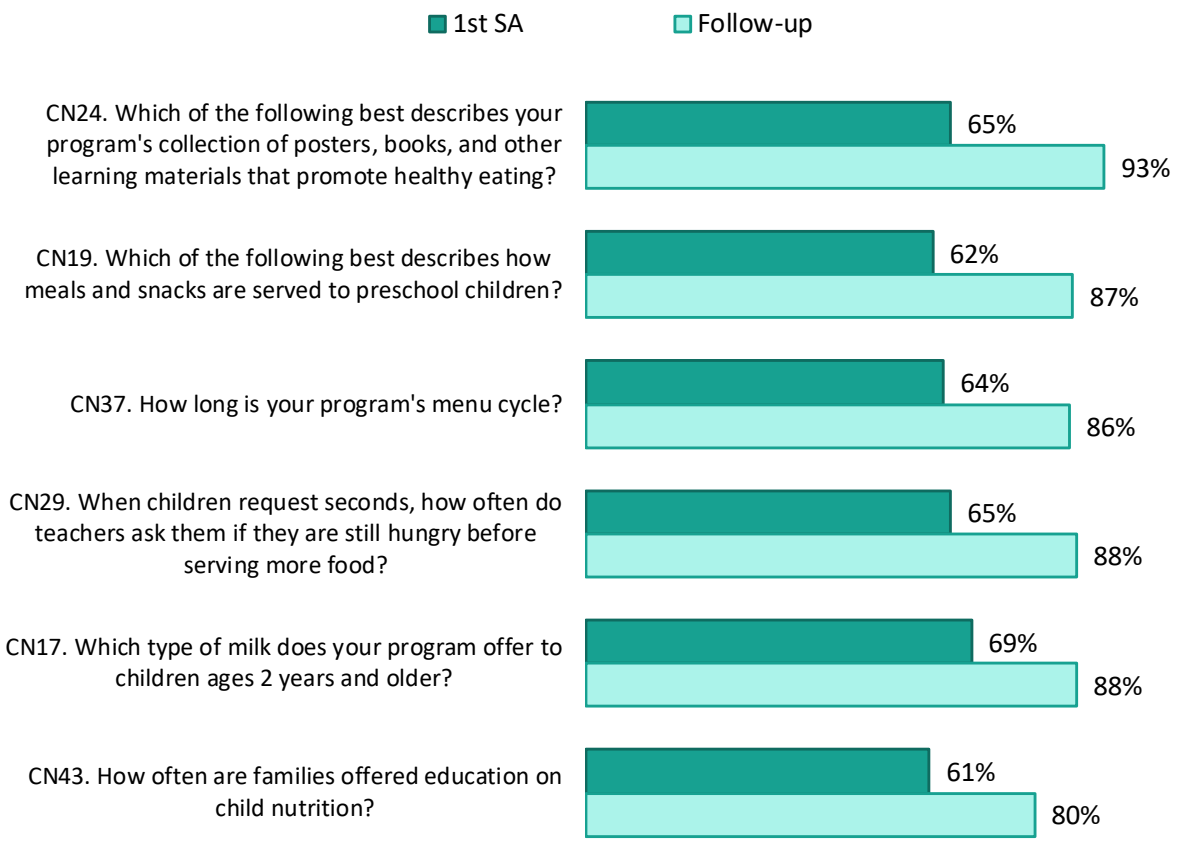
Child Nutrition (continued)

Among participants who completed both the initial and follow-up Self-Assessments (SA), most practices showed improvement except where the practices were already fully implemented in the first Self-Assessment (e.g., CN11, 13, 15, 22 and 26). Two practices showed a slight drop (CN7 and CN15).

In the case of CN15, all 20 participants originally scored 4.0 in the initial assessment, and 3 changed their score to 2.0 in the follow-up assessment. This result may reflect a change in knowledge or understanding following the training and action planning steps, rather than a change in practice by the ECE provider. However, a drop in the score also indicates no improvement in this practice.

The graph below shows the top 6 practices in which the most improvement took place. They are listed in order of largest to smallest difference between first and follow-up SA.

Figure 6. CN Practices showing the most improvement



Oral Health

The figure below provides the averaged responses for each best practice question and the difference between the initial and final self-assessments.

When the average score is expressed as a percentage, 18 of the 25 practices scored above 80% in the follow-up assessment. Practices still scoring below 80% include OH5, 19, 21, 22, 23, 24, and 26.

Of the 7 ECE providers who completed this module, 5 initially indicated that they did not have a written policy on the prevention of children's tooth decay.

Figure 7. Overview of OH Module Responses

Q#	Initial SA score avg	Final SA score avg	Initial SA percent	Final SA percent	Difference
OH1**	2.3	3.6	57%	89%	▲ 32%
OH2**	2.3	3.6	57%	89%	▲ 32%
OH3	2.3	3.6	57%	89%	▲ 32%
OH4	2.3	3.6	57%	89%	▲ 32%
OH5	2.3	2.9	57%	71%	▲ 14%
OH6	2.1	3.3	54%	82%	▲ 29%
OH7	4.0	4.0	100%	100%	▬ 0%
OH8	3.7	4.0	93%	100%	▬ 7%
OH9	4.0	4.0	100%	100%	▬ 0%
OH10	3.7	3.7	93%	93%	▬ 0%
OH11**	4.0	4.0	100%	100%	▬ 0%
OH12*	3.3	3.7	83%	92%	▬ 8%
OH13*	3.7	4.0	92%	100%	▬ 8%
OH14*	4.0	4.0	100%	100%	▬ 0%
OH15*	3.7	3.7	92%	92%	▬ 0%
OH16**	3.9	3.9	96%	96%	▬ 0%
OH17	4.0	4.0	100%	100%	▬ 0%
OH18	2.4	3.4	61%	86%	▲ 25%
OH19	2.3	3.0	57%	75%	▲ 18%
OH20	3.0	3.3	75%	83%	▬ 8%
OH21	2.1	3.0	54%	75%	▲ 21%
OH22	2.0	3.0	50%	75%	▲ 25%
OH23	1.9	3.1	46%	79%	▲ 32%
OH24	1.9	2.7	46%	68%	▲ 21%
OH25					
OH26	1.9	2.7	46%	68%	▲ 21%

** These items are asked only if ECE provider enrolls infants or toddlers (N=6).

* These items are asked only if ECE provider indicates that toothbrushing is part of the routine on a regular or semi-regular basis (n=3 for initial SA and n=6 for final SA).

No data are captured in Go NAPSACC reporting for OH25 (does program have a written policy on the prevention of children's tooth decay).

Oral Health (continued)

Top 5 Highest and Lowest Scored Practices from Initial Self-Assessment

Item	Question #	Average Score
Highest Scored Items		
1 How often does your program offer high-sugar foods? (4=Less than 1 time per week or never)	OH7	4.0
2 How often does your program offer sugary drinks (including flavored milks)? (4=never)	OH9	4.0
3 How often does your program offer juice to infants? (4=never)	OH11	4.0
4 How often do teachers and staff try to create a positive experience for children during scheduled tooth brushing? (4=always)	OH14	4.0
5 How often are toddlers offered sippy cups during naptime or to carry during playtime? (4=never)	OH17	4.0
Lowest Scored Items		
1 How often are families offered education on children's oral health? (1=never)	OH23	1.9
2 Which of the following topics are included in education for families on children's oral health? (0= Response of "Never" on question OH23; 1=None of these topics are included)	OH24	1.9
3 Which of the following topics are included in your program's written policy related to the prevention of children's tooth decay? (0/1=none or user answered "No" on OH25).	OH26	1.9
4 Which of the following topics are included in professional development for current staff on children's oral health? (0= Response of "Never" on question OH21; 1=None of these topics are included)	OH22	2.0
5a Which of the following describes the toothbrushes that are available? (1=None of the above)	OH6	2.1
5b How often do teachers and staff receive professional development on children's oral health? (1=never)	OH21	2.1

Note: Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.

Oral Health (continued)

Top Practices Showing Highest and Lowest Improvement (SA scores in parentheses)

Item	Question #	Difference* in %
Most Improved Practices		
1 For infants with teeth, how often does your program provide time for tooth brushing? (Average score increased from 2.3 to 3.6)	OH1	32%
2 For toddlers, how often does your program provide time for tooth brushing? (Average score increased from 2.3 to 3.6)	OH2	32%
3 For preschool children, how often does your program provide time for tooth brushing? (Average score increased from 2.3 to 3.6)	OH3	32%
4 How often does your program brush with fluoride toothpaste? (Average score increased from 2.3 to 3.6)	OH4	32%
5 How often are families offered education on children's oral health? (Average score increased from 1.9 to 3.1)	OH23	29%
Least Improved Practices		
1 thru 5 - see highest scored items in previous table (OH7, 9, 11, 14, 17). Average score stayed at 4.0 for all 5 of these practices.	various	0%
6 How often are infants offered bottles during naptime or playtime? (4=never; average score stayed at 3.9)	OH16	0%
7 How often does your program offer preschool children or toddlers a 4–6 oz. serving of 100% fruit juice? (4=2 times per week or less; average score stayed at 3.7)	OH10	0%
8 During scheduled tooth brushing, how often do teachers and staff offer children praise to support tooth brushing? (4=always; average score stayed at 3.7)	OH15	0%

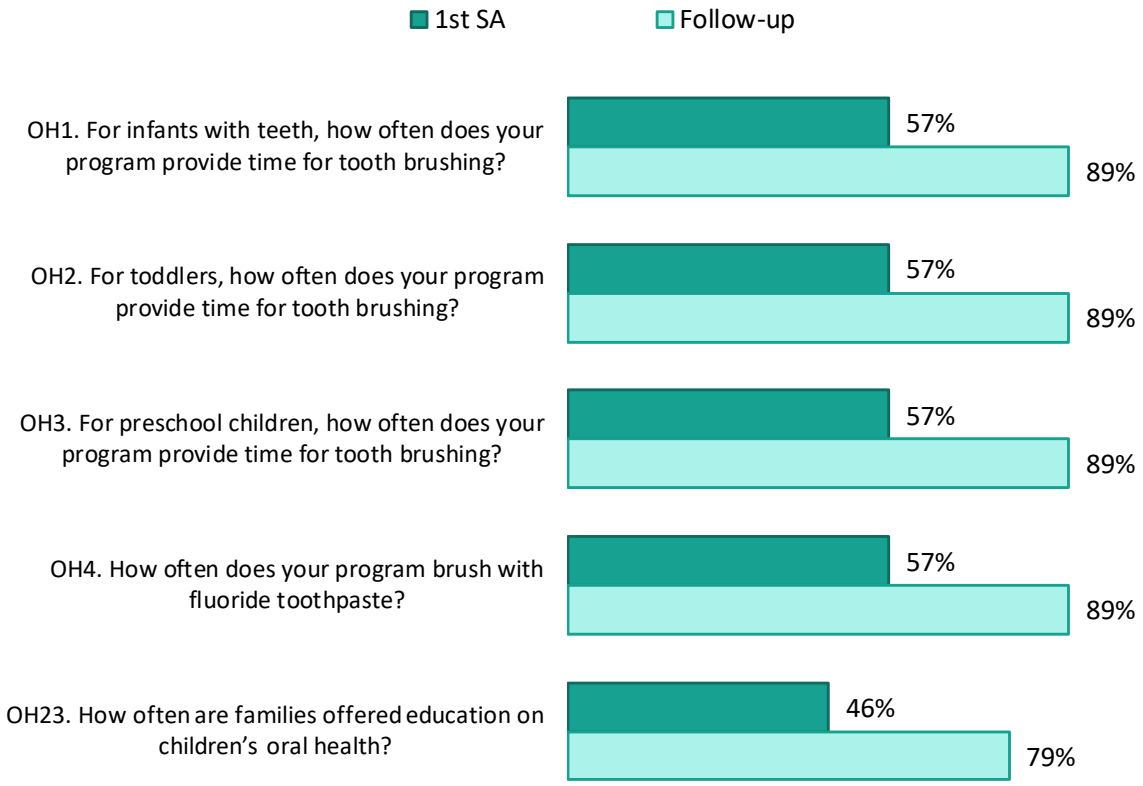
**Change between initial and final SA is converted from average score to average percent to better assess the difference between the two assessment scores. Difference is the final average score percent minus the initial average score percent.*
Note: Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.

Oral Health (continued)

Among participants who completed both the initial and follow-up Self-Assessments (SA), most practices showed improvement except where the practices were already fully implemented in the first Self-Assessment (e.g., OH7, 9, 11, 14, and 17). 3 other practices also did not change between the initial and follow-up SA's (OH16, 10 and 15).

The graph below shows the top 5 practices in which the most improvement took place. They are listed in order of increase in percentage points.

Figure 8. OH Practices showing the most improvement



Outdoor Play & Learning

Of the 5 ECE providers who completed this module as of 6/2/2020, 2 initially indicated that they did not have a written policy on outdoor play and learning (OP19), and none reported a written policy that would have scored 4.0.

When the average score is expressed as a percentage, only 7 of the 20 practices scored above 80% in the final self-assessment (SA). However, there was overall improvement; the module's overall score average increased from 56% in the initial SA to 75% in the final SA.

Although there were 5 providers who completed this module, four of the questions were only asked of center-based providers (n=3). Those questions are OP3, OP4, OP10 and OP11.

The figure below provides the averaged responses for each best practice question and the difference between the initial and final self-assessments.

Figure 9. Overview of OP Module Responses

Q#	Initial SA score avg	Final SA score avg	Initial SA percent	Final SA percent	Difference
OP1	2.8	3.6	70%	90%	20%
OP2	2.0	3.6	50%	90%	40%
OP3	3.3	4.0	83%	100%	17%
OP4	1.3	3.0	33%	75%	42%
OP5	3.4	3.8	85%	95%	10%
OP6	2.4	2.6	60%	65%	5%
OP7	3.2	3.8	80%	95%	15%
OP8	2.0	2.6	50%	65%	15%
OP9	2.2	2.8	55%	70%	15%
OP10*	1.0	1.7	33%	56%	22%
OP11a-d					
OP12	2.6	3.2	65%	80%	15%
OP13	2.8	3.2	70%	80%	10%
OP14	2.0	3.0	50%	75%	25%
OP15	1.8	3.0	45%	75%	30%
OP16	2.6	2.8	65%	70%	5%
OP17	1.2	2.0	30%	50%	20%
OP18	1.2	2.4	30%	60%	30%
OP19					
OP20	2.0	2.0	50%	50%	0%

* OP10 is a yes/no response question, where yes=3 and no=1.
No data are captured in Go NAPSACC reporting for OP11a-d, which are only asked if the (center-based) ECE Provider answered 'yes' to OP 10. In addition, the question about a written policy (OP19) is also blank.

Outdoor Play & Learning (continued)

Top 5 Highest and Lowest Scored Practices from Initial Self-Assessment

Item	Question #	Average Score
Highest Scored Items		
1 What kinds of activities do you/your program do with children outdoors? (4=4 other responses)	OP5	3.4
2 How much outdoor playtime is provided to toddlers each day? (asked of center-based programs only; 4=60 min. or more for full-day programs)	OP3	3.3
3 How large is your program's open area for outdoor games and group activities? (4=Large enough for all children to run around safely)	OP7	3.2
4 How often is outdoor playtime provided to preschool children and toddlers? (4=3 times per day or more for full-day programs)	OP1	2.8
5 How often is portable play equipment available to children during outdoor active playtime? (4=always)	OP13	2.8
Lowest Scored Items		
1 Does your program have a path for children to use for wheeled toys? (asked of center-based programs only; 1=no, 3=yes)	OP10*	1.0
2 Which of the following topics are included in education for families on outdoor play and learning? (0= Response of "Never" on question OP17; 1=None of these topics are included)	OP18	1.2
3 How often do you offer families information on outdoor play and learning? (1=never)	OP17	1.2
4 How often are infants taken outdoors? (asked of center-based programs only; 1=3 times per week or less for full-day programs)	OP4	1.3
5 How often do you/teachers and staff receive professional development on outdoor play and learning (other than playground safety)? (1=never)	OP15	1.8

** OP10 is a yes/no response question, where yes=3 and no=1.*

Note: Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.

Outdoor Play & Learning (continued)

Top Practices Showing Highest and Lowest Improvement (SA scores in parentheses)

Item	Question #	Difference* in %
Most Improved Practices		
1 How often are infants taken outdoors? (asked of center-based programs only; average score increased from 1.3 to 3.0)	OP4	42%
2 How much outdoor playtime is provided to preschool children each day? (Average score increased from 2.0 to 3.6)	OP2	40%
3 How often do you/teachers and staff receive professional development on outdoor play and learning (other than playground safety)? (Average score increased from 1.2 to 2.4)	OP15	30%
4 Which of the following topics are included in education for families on outdoor play and learning? (Average score increased from 1.8 to 3.0)	OP18	30%
5 How would you describe the amount of portable play equipment that is available to children during outdoor active playtime? (Average score increased from 2.0 to 3.0)	OP14	25%
Least Improved Practices		
1 Which of the following topics are included in your written policy on outdoor play and learning? (Average score stayed at 2.0.)	OP20	0%
2 Which of the following topics are included in professional development on outdoor play and learning? (Average score increased from 2.6 to 2.8)	OP16	5%
3 How much of your program's outdoor play space is shaded by structures or trees? (Average score increased from 2.4 to 2.6)	OP6	5%
4 How often is portable play equipment available to children during outdoor active playtime? (Average score increased from 2.8 to 3.2)	OP13	10%
8 During scheduled tooth brushing, how often do teachers and staff offer children praise to support tooth brushing? (4=always; average score stayed at 3.7)	OP5	10%

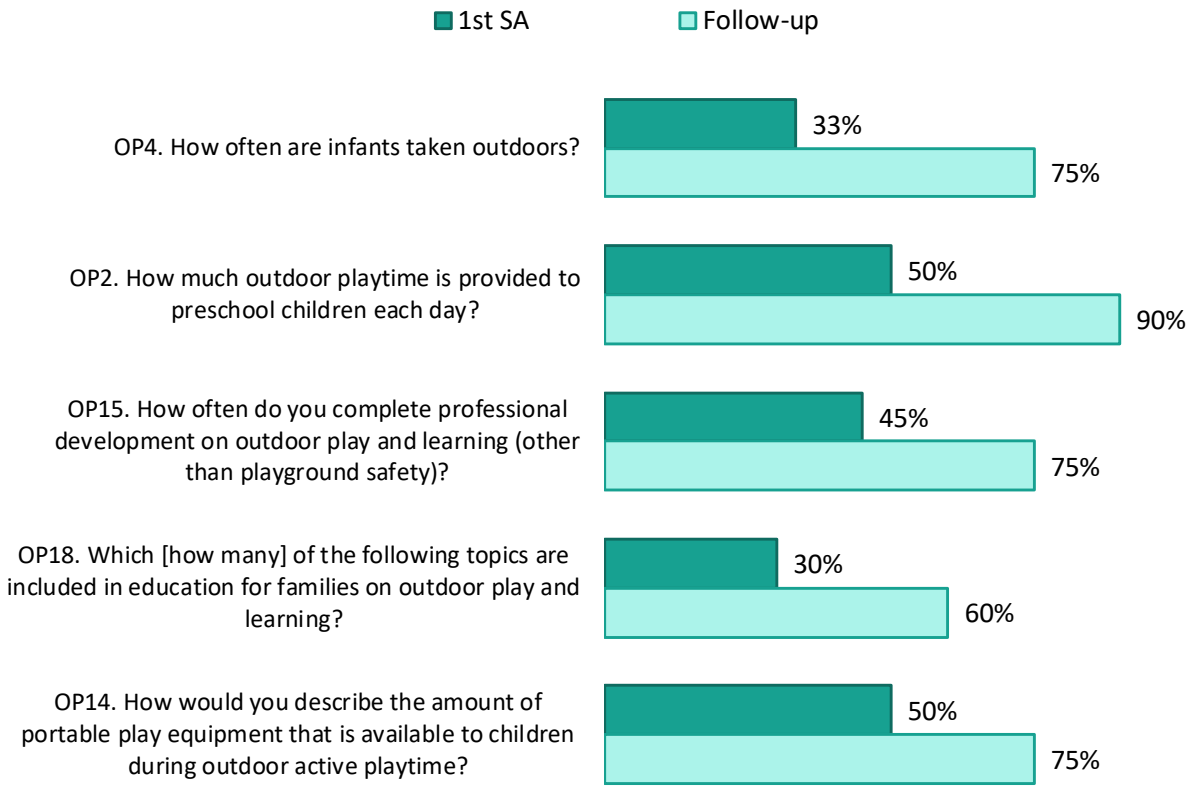
**Change between initial and final SA is converted from average score to average percent to better assess the difference between the two assessment scores. Difference is the final average score percent minus the initial average score percent.*
Note: Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.

Outdoor Play & Learning (continued)

Among participants who completed both the initial and follow-up Self-Assessments (SA), most practices showed improvement. No practices were fully implemented by all completers at the initial SA, but most improved, with 16 of the 20 increasing by 10% points or more.

The graph below shows the top 5 practices in which the most improvement took place. They are listed in order of increase in percentage points.

Figure 10. OP Practices showing the most improvement



Physical Activity

Of the 8 ECE providers who completed this module as of 6/2/2020, 3 initially indicated that they did not have a written policy on physical activity that met elements of best practice (PA22), and 1 reported a written policy that included all the elements. In the final self-assessment (SA), 3 providers had written policies that met the best practice, while 2 still reported no policy.

When the average score is expressed as a percentage, 17 of the 23 practices scored at or above 80% in the final SA. There was also overall improvement; the module's overall score average increased from 70% in the initial SA to 87% in the final SA.

The figure below provides the averaged responses for each best practice question and the difference between the initial and final self-assessments.

Figure 11. Overview of PA Module Responses

Q#	Initial SA score avg	Final SA score avg	Initial SA percent	Final SA percent	Difference
PA1	2.1	3.3	53%	81%	▲ 28%
PA2*	2.0	3.5	50%	88%	▲ 38%
PA3	2.6	4.0	64%	100%	▲ 36%
PA4	2.3	3.4	56%	84%	▲ 28%
PA5	3.6	4.0	91%	100%	▬ 9%
PA6	2.9	3.3	71%	82%	▲ 11%
PA7**	2.3	2.0	58%	50%	▼ -8%
PA8	3.3	3.8	81%	94%	▲ 13%
PA9	3.3	3.4	81%	84%	▬ 3%
PA10	3.3	3.7	82%	93%	▲ 11%
PA11	2.8	3.5	69%	88%	▲ 19%
PA12	3.9	3.6	97%	91%	▼ -6%
PA13	3.4	3.9	84%	97%	▲ 13%
PA14	3.6	4.0	89%	100%	▲ 11%
PA15	3.1	3.8	78%	94%	▲ 16%
PA16	2.9	3.8	72%	94%	▲ 22%
PA17	3.0	3.6	75%	91%	▲ 16%
PA18	2.5	2.9	63%	72%	▬ 9%
PA19	2.1	3.3	53%	81%	▲ 28%
PA20	1.8	3.0	44%	75%	▲ 31%
PA21	1.8	2.9	44%	72%	▲ 28%
PA22					
PA23	2.1	2.8	53%	69%	▲ 16%

* This item is asked only if ECE provider is center-based and does not enroll toddlers (N=2).

** This item is asked only if ECE provider is center-based (N=3).

No data are captured in Go NAPSACC reporting for PA (does program have a written policy on the prevention of children's tooth decay).

Physical Activity (continued)

Top 5 Highest and Lowest Scored Practices from Initial Self-Assessment

Item	Question #	Average Score
Highest Scored Items		
1 To manage challenging behaviors, how often do teachers take away time for physical activity or remove preschool children or toddlers from physically active playtime for longer than 5 minutes? (4=never)	PA12	3.9
2 Outside of nap and meal times, how long are preschool children and toddlers expected to remain seated at any one time? (4=Less than 15 minutes)	PA5	3.6
3 During tummy time and other activities, how often do teachers interact with infants to help them build motor skills? (4=Always)	PA14	3.6
4 What role do teachers take during preschool children's physically active playtime? (4=They supervise, verbally encourage, and often join in to increase children's physical activity)	PA13	3.4
5 How often is developmentally appropriate portable play equipment offered to infants during tummy time and other indoor activities? (4=At least a few items are always available to encourage physical activity)	PA10	3.3
Lowest Scored Items		
1 How often are families offered education on children's physical activity? (1=never, 4=2 times per year or more)	PA20	1.8
2 Which of the following topics are included in education for families on children's physical activity? (0= Response of "Never" on question PA20; 1=None of these topics are included)	PA21	1.8
3 How much time for indoor and outdoor physical activity is provided to toddlers each day? (Asked of center-based providers only; 1=Less than 60 minutes, for full-day programs)	PA2	2.0
4 How much time do you provide for children's indoor and outdoor physical activity each day? (1=Less than 60 minutes, for full-day programs; for family providers, question includes age 13 months to 5 years)	PA1	2.1
5 Which of the following topics have been included in professional development for current staff on children's physical activity? (0= Response of "Never" on question PA18; 1=None of these topics are included)	PA19	2.1
6 Which of the following topics are included in your written policy on physical activity? (1=None of the above (or user answered "No" on question PA22))	PA23	2.1

Note: Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.

Physical Activity (continued)

Top Practices Showing Highest and Lowest Improvement (SA scores in parentheses)

Item	Question #	Difference* in %
Most Improved Practices		
1 How much time for indoor and outdoor physical activity is provided to toddlers each day? (asked of center-based providers only; average score increased from 2.0 to 3.5)	PA2	38%
2 How often does your program offer tummy time to non-crawling infants? (Average score increased from 2.6 to 4.0)	PA3	36%
3 How often are families offered education on children's physical activity? (Average score increased from 1.8 to 3.0)	PA20	31%
4 Which of the following topics are included in education for families on children's physical activity? (Average score increased from 1.8 to 2.9)	PA21	28%
5a How much time for indoor and outdoor physical activity is provided to preschool children each day? (Average score increased from 2.1 to 3.3)	PA1	28%
5b Which of the following topics have been included in professional development for current staff on children's physical activity? (Average score increased from 2.1 to 3.3)	PA19	28%
5c How much adult-led physical activity does your program provide to preschool children each day? (Average score increased from 2.3 to 3.4)	PA4	28%
Least Improved Practices		
1 Which of the following does your program offer in the indoor play space? (Average score decreased from 2.3 to 2.0)	PA7	-8%
2 To manage challenging behaviors, how often do teachers take away time for physical activity or remove preschool children or toddlers from physically active playtime for longer than 5 minutes? (Average score decreased from 3.9 to 3.6)	PA12	-6%
3 How often is portable play equipment available to preschool children and toddlers during indoor free play time? (Average score increased from 3.3 to 3.4)	PA9	3%
4 Outside of nap and meal times, how long are preschool children and toddlers expected to remain seated at any one time? (Average score increased from 3.6 to 4.0)	PA5	9%
5 How often do teachers and staff receive professional development on children's physical activity (other than playground safety)? (Average score increased from 2.5 to 2.9)	PA18	9%

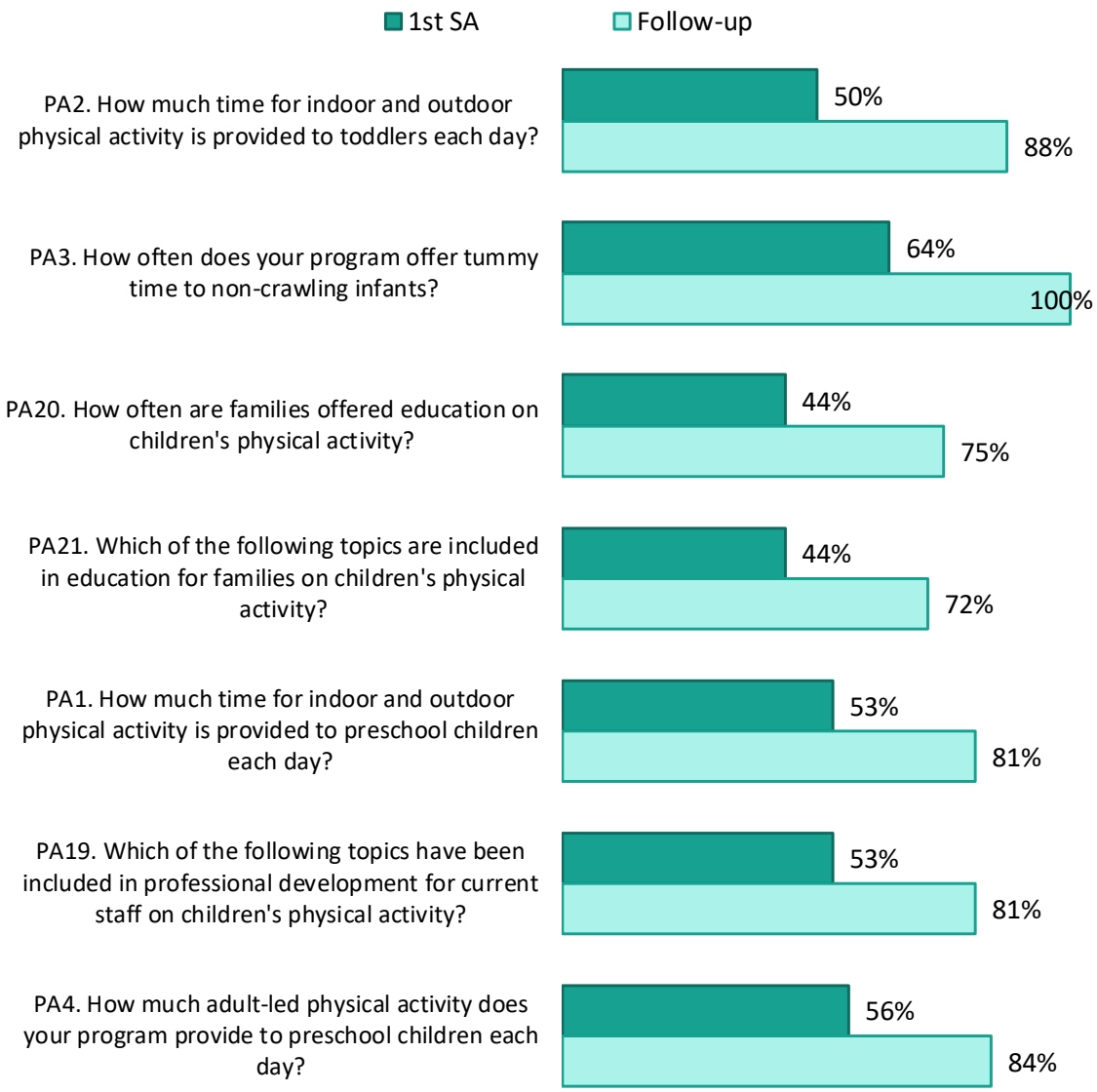
**Change between initial and final SA is converted from average score to average percent to better assess the difference between the two assessment scores. Difference is the final average score percent minus the initial average score percent.*
Note: Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.

Physical Activity (continued)

Among participants who completed both the initial and follow-up Self-Assessments (SA), most practices showed improvement. No practices were fully implemented at the initial SA, but three were fully implemented by all participants (score was 4.0) in the final follow-up SA. Two practices showed a slight drop (PA7 and PA12).

The graph below shows the top 7 practices in which the most improvement took place. They are listed in order of increase in percentage points.

Figure 12. PA Practices showing the most improvement



Screen Time

Of the 7 ECE providers who completed this module as of 6/2/2020, 1 initially indicated that they did not have a written policy on screen time (ST13), and 2 reported a written policy that included all the elements to be a best practice.

When the average score is expressed as a percentage, all of the 13 practices scored above 80% in the final self-assessment (SA). The module's overall score average increased from 80% in the initial SA to 96% in the final SA.

The figure below provides the averaged responses for each best practice question and the difference between the initial and final self-assessments.

Figure 13. Overview of ST Module Responses

Q#	Initial SA score avg	Final SA score avg	Initial SA percent	Final SA percent	Difference
ST1	3.4	3.6	86%	89%	4%
ST2	3.7	3.9	93%	96%	4%
ST3	4.0	4.0	100%	100%	0%
ST4*	3.8	3.6	94%	90%	-4%
ST5*	4.0	4.0	100%	100%	0%
ST6*	3.3	4.0	81%	100%	19%
ST7*	3.8	4.0	94%	100%	6%
ST8	2.9	3.7	71%	93%	21%
ST9	2.9	4.0	71%	100%	29%
ST10	2.7	3.9	68%	96%	29%
ST11	2.7	4.0	68%	100%	32%
ST12					
ST13	2.6	3.4	64%	86%	21%

* These items are supposed to be asked only if ECE provider reported <4 for ST2 and/or ST3 (i.e., only if children are allowed some screen time); however, the skip pattern may not be in effect because N=4 for 1st SA and N=5 for final SA. No data are captured in Go NAPSACC reporting for ST12 (does program have a written policy on screen time). The codebook lists ST13 and ST14, which are the same question but for different age groups, but the data for both are captured in ST13 for the report.

Screen Time (continued)

Top 5 Highest and Lowest Scored Practices from Initial Self-Assessment

Item	Question #	Average Score
Highest Scored Items		
1 For children under 2 years of age, how much screen time is allowed in your program each week? (4=No screen time is allowed)	ST3	4.0
2 When screen time is offered, how often are children given the opportunity to do an alternative activity? (4=Always)	ST5	4.0
3 When television or videos are shown to children, how often is this programming educational and commercial-free? (4=Always)	ST4	3.8
4 When screen time is offered, how often do teachers talk with children about what they are seeing and learning? (4=Always)	ST7	3.8
5 For children 2 years of age and older, how much screen time is allowed in your program each week? (4=No screen time is allowed)	ST2	3.7
Lowest Scored Items		
1 Which of the following topics are included your written policy on screen time? (1=None of these topics are included (or user answered "No" on ST12))	ST13	2.6
2 How often are families offered education on screen time? (1=never)	ST10	2.7
3 Which of the following topics are included in education for families on screen time? (0= Response of "Never" on question ST10; 1=None of these topics are included)	ST11	2.7
4 How often do teachers and staff receive professional development on screen time? (1=never)	ST8	2.9
5 Which of the following topics are included in professional development on screen time? (0= Response of "Never" on question ST8; 1=None of these topics are included)	ST9	2.9

Note: Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.

Screen Time (continued)

Top Practices Showing Highest and Lowest Improvement (SA scores in parentheses)

Item	Question #	Difference* in %
Most Improved Practices		
1 Which of the following topics are included in education for families on screen time? (Average score increased from 2.7 to 4.0)	ST11	32%
2 How often are families offered education on screen time? (Average score increased from 2.9 to 4.0)	ST10	29%
3 Which of the following topics have you covered in professional development on screen time? (Average score increased from 2.7 to 3.9)	ST9	29%
4 How often do you complete professional development on screen time? (Average score increased from 2.9 to 3.7)	ST8	21%
5 Which of the following topics are included your written policy on screen time? (Average score increased from 2.6 to 3.4)	ST13	21%
Least Improved Practices		
1 When television or videos are shown to children, how often is this programming educational and commercial-free? (Average score decreased from 3.8 to 3.6)	ST4	-4%
2 For children under 2 years of age, how much screen time is allowed in your program each week? (Average score stayed at 4.0)	ST3	0%
3 When screen time is offered, how often are children given the opportunity to do an alternative activity? (Average score stayed at 4.0)	ST5	0%
4 For children 2 years of age and older, how much screen time is allowed in your program each week? (Average score increased from 3.7 to 3.9)	ST2	4%
5 Where are televisions located? (4=no televisions or television is kept outside of the rooms where children spend most of the day; average score increased from 3.4 to 3.6)	ST1	4%

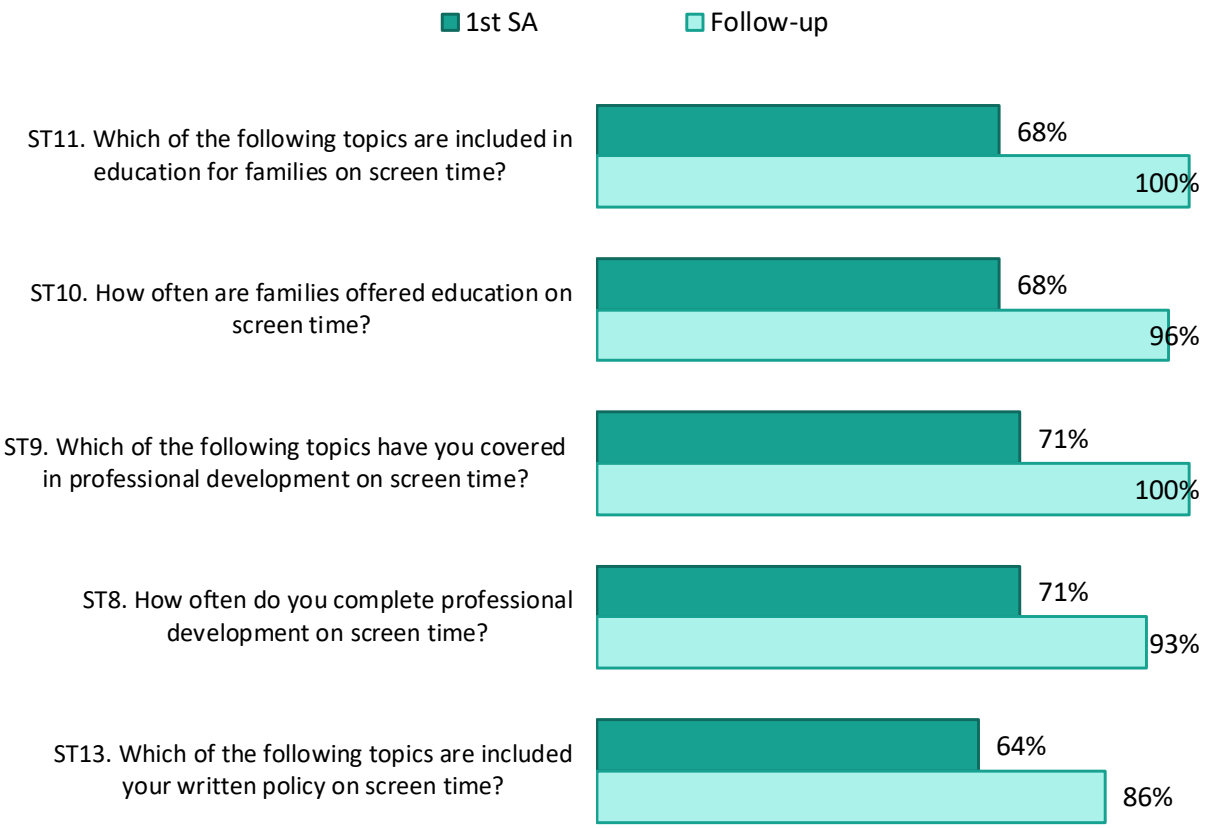
**Change between initial and final SA is converted from average score to average percent to better assess the difference between the two assessment scores. Difference is the final average score percent minus the initial average score percent.*
Note: Completers are defined as having a valid (< ~10% missing data) initial and final (≥30 days later) self-assessments.

Screen Time (continued)

Among participants who completed both the initial and follow-up Self-Assessments (SA), most practices showed improvement except where the practices were already fully implemented in the first Self-Assessment (i.e., ST3 and ST5). One practice showed a slight drop (ST4), for which one provider changed their score from 4 to 2.

The graph below shows the top 5 practices in which the most improvement took place. They are listed in order of increase in percentage points.

Figure 14. ST Practices showing the most improvement



Go NAPSACC Early Childhood Education Provider Survey 2020

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June 2020

Summary of Key Findings

As part of the CDC-funded State Physical Activity and Nutrition Program (SPAN) evaluation, early care and education (ECE) providers who participated in the Alaska Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) Quality Initiative (QI), were invited to participate in a survey about their experience with the program. The Alaska Go NAPSACC QI supports ECE sites to improve childhood health-related policies and activities by providing access to online tools and a library of training, handouts and activities, one-on-one coaching and technical assistance from experienced program consultants, and resources to help sites reach their programmatic goals. The survey was conducted six months following each ECE provider's completion of any of the seven physical activity and nutrition modules in the Go NAPSACC online program.

- Eleven ECE providers were eligible to take the survey; seven responded.
- Self-assessments, action planning & goal setting, and tips & materials were deemed the most useful tools in the program.
- The TA consultant was important to all participating ECE providers in supporting changes to policies and practices.
- Despite the universal challenges of lack of time and money for implementing Go NAPSACC, all said that they would recommend Go NAPSACC to other ECE providers.

Background

The Physical Activity and Nutrition (PAN) Program, Alaska Department of Health and Social Services received funding from the Centers for Disease Control and Prevention (CDC) to support statewide and local-level interventions for healthy nutrition, breastfeeding, and safe and accessible physical activity. The State Physical Activity and Nutrition grant, referred to as SPAN, included funding to facilitate early care and education (ECE) providers' participation in the Alaska Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) Quality Initiative (QI). Go NAPSACC is an online tool developed by the University of North Carolina at Chapel Hill that helps ECE programs enhance children's healthy eating and physical activity by using national standards and best practices. The Alaska Go NAPSACC QI program provided participating ECE sites with access to these online tools and a library of trainings, handouts and activities, one-on-one coaching and technical assistance from experienced program consultants, and resources to help sites reach their programmatic goals. ECE programs used Go NAPSACC to assess current practices and learn how to make improvements in the following seven areas (also called modules): Child Nutrition, Breastfeeding & Infant Feeding, Farm to ECE, Oral Health, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time.

As part of the evaluation activities required by the CDC for the SPAN grant, Program Design and Evaluation Services, a public health research and evaluation contractor to the AK PAN program, conducted a survey of ECE providers' experiences with the Alaska Go NAPSACC QI program. This report summarizes survey results from ECE providers that completed at least one Go NAPSACC module during 2019.

Methods

Overview

The purpose of the survey was to learn about ECE providers' experiences with the Alaska Go NAPSACC QI program, including the Go NAPSACC online system, technical assistance (TA) consultants, and resources, or incentives, provided, and to determine the impact of Go NAPSACC on changes in physical activity and nutrition policies and practices.

Sample

ECE providers that completed at least one pre-post self-assessment in any of the seven Go NAPSACC modules during 2019.

Measures and Data Collection Procedures

Survey

The survey was adapted from the University of North Carolina 5-state pilot survey. The survey contained questions about the following topics:

- Experience with using the online Go NAPSACC tools
- Experience working with the Go NAPSACC TA consultants
- How Go NAPSACC helped to make changes in the ECE provider's program, particularly written policies and practices
- How teachers, staff, and families were included in Go NAPSACC activities
- Impact of Go NAPSACC on physical activity and nutrition
- Use of ECE-related resources in Alaska

A copy of the survey is shown in Appendix 1.

Data Collection

The Go NAPSACC online system tracks ECE providers' completion of self-assessments and goals in each of the seven modules. ECE providers who completed a "pre"(baseline) self-assessment that had no fewer than 10% missing responses and a "post" or "repeated" (typically second) self-assessment that was at least 30 days from previous and had no fewer than 10% missing responses were sent an email invitation with link to the 6-

month survey on Survey Monkey. ECE providers were only invited to complete one survey, based on the first eligible completed post self-assessment, regardless of the number of modules and self-assessments completed. The 6-month data collection period was based on elapsed time, not a specific data collection date, and varied for each ECE provider.

After completing the 6-month survey, each ECE was sent an incentive for participating in the survey.

Key informant interviews were conducted with a subset of ECE providers that indicated on a question on the survey a willingness to provide contact information and be contacted for an interview. A report of the findings from the key informant interviews is provided separately.

The evaluation was conducted under the auspices of public health practice and was exempt from institutional review board review.

Analysis

Because of the small number of respondents, we limited our analysis to frequencies of responses to survey questions. Four-point scaled survey items were collapsed into dichotomous groupings.

Results

Characteristics of 7 Survey Responders

Eleven ECE providers were eligible to participate in the survey and were sent an email invitation. Seven ECE providers responded. Among these 7, one respondent answered only the first 3 questions of the survey.

The survey was anonymous; however, respondents who were willing to participate in a follow-up interview provided contact information.

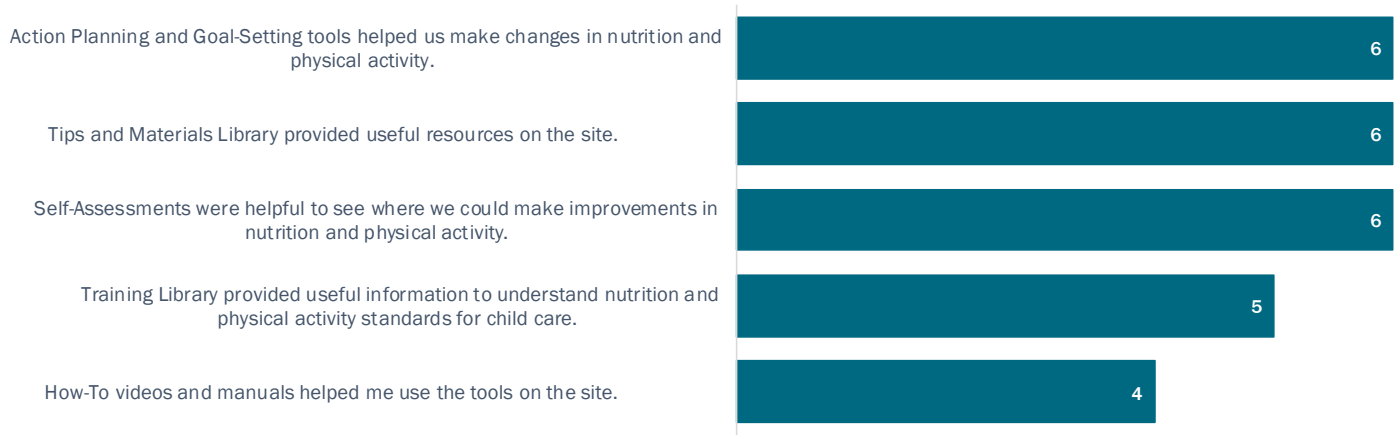
Survey data tables are provided in Appendix 2.

Go NAPSACC Tools

Q1. Count of ECEs that used online Go NAPSACC tools (n=7)*

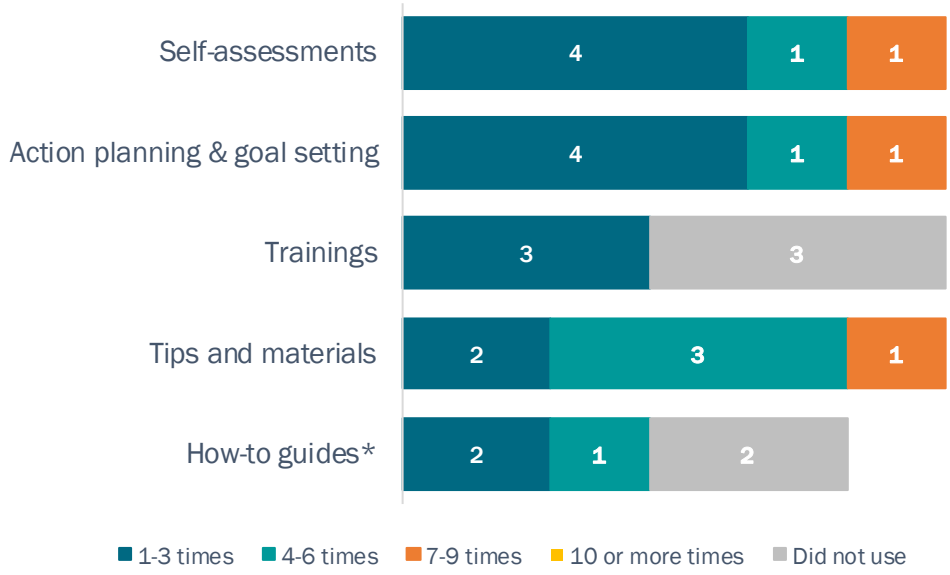
*Check all that apply

Q2. Count of ECEs that agreed with the following statements about the use of specific tools (n=6)*



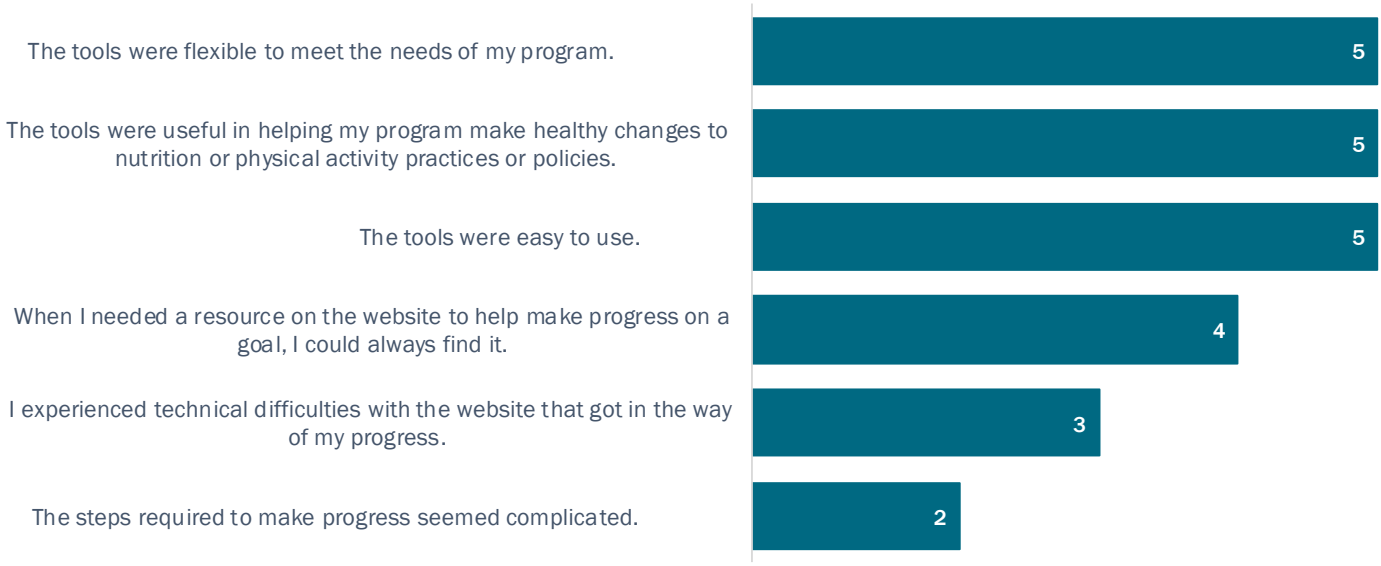
*Strongly agree and somewhat agree combined

Q3. Count of how often tools were used (n=6)



* How-to guides n=5

Q4. Count of ECEs that agreed with the following statements about experience with tool (n=5)*



*Strongly agree and somewhat agree combined

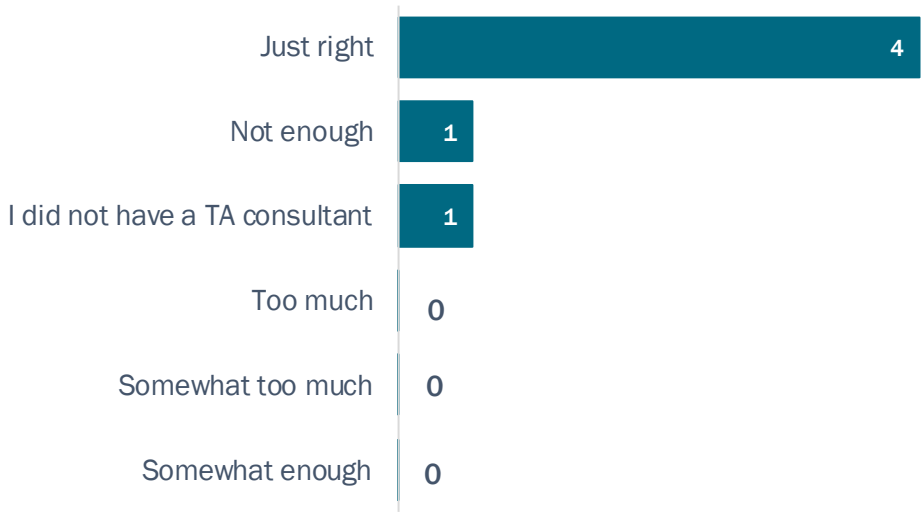
Q5. What could have made the experience using online Go NAPSACC tools better (n=4)*

- Better explanation of how to use the site. I had to figure it out myself.
- It was a bit confusting maybe taking a small class or overview on it's proces would be helpful. Also explaining what happens after you participate in it. How often can reapply?
- More of a step by step verses having to be told you have to go back and reassess my day care
- I can't think of anything, I thought it was great!

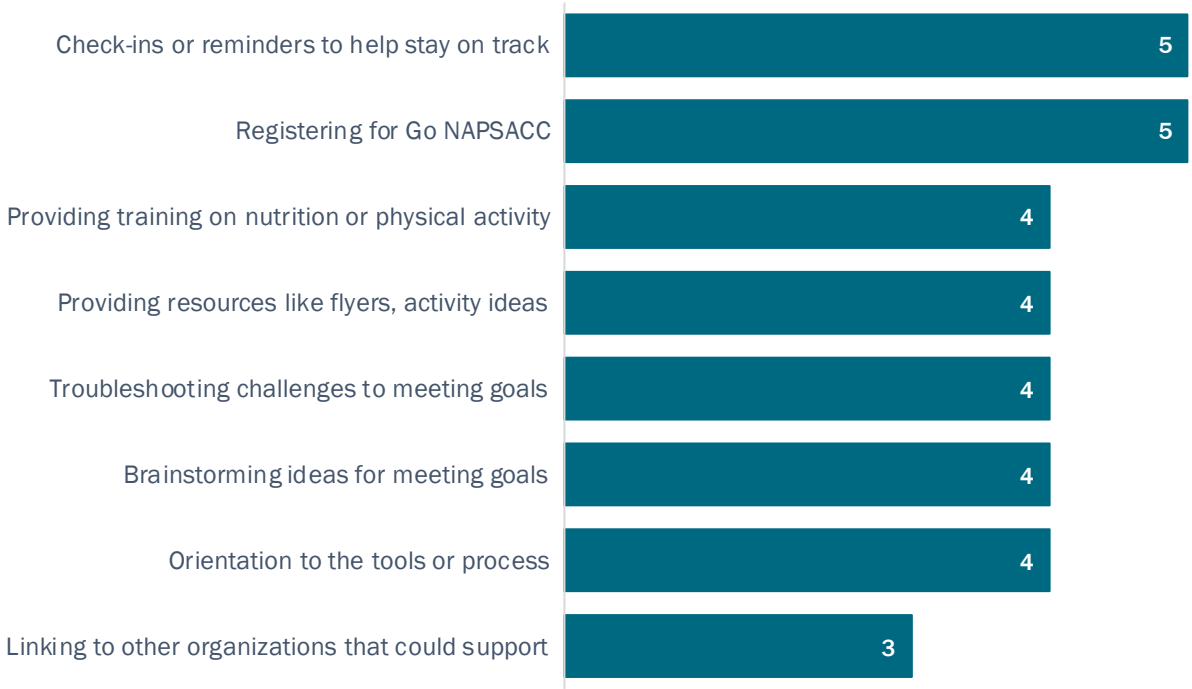
*Unedited responses

Go NAPSACC TA Consultant

Q6. Count of responses to time spent with TA consultant (n=6)

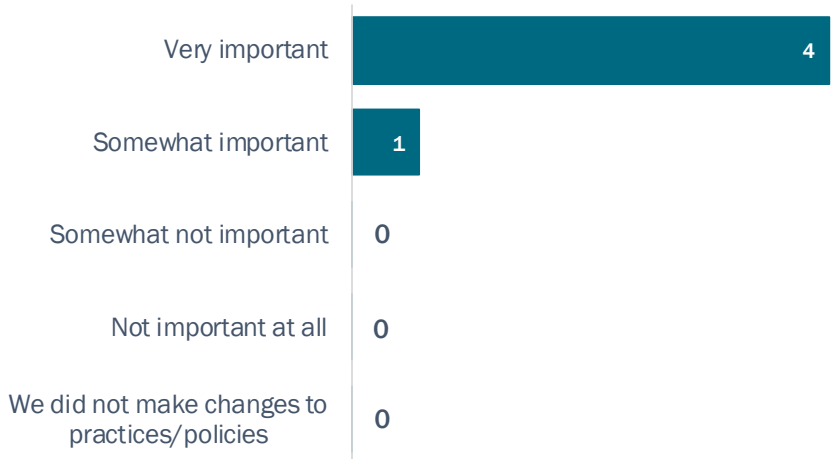


Q7. Count of ECEs that found various aspects of TA support helpful (n=5)*



*Very helpful and somewhat helpful combined

Q8. Count of responses to how important was TA consultant's support in making changes to practices and policies (n=5)

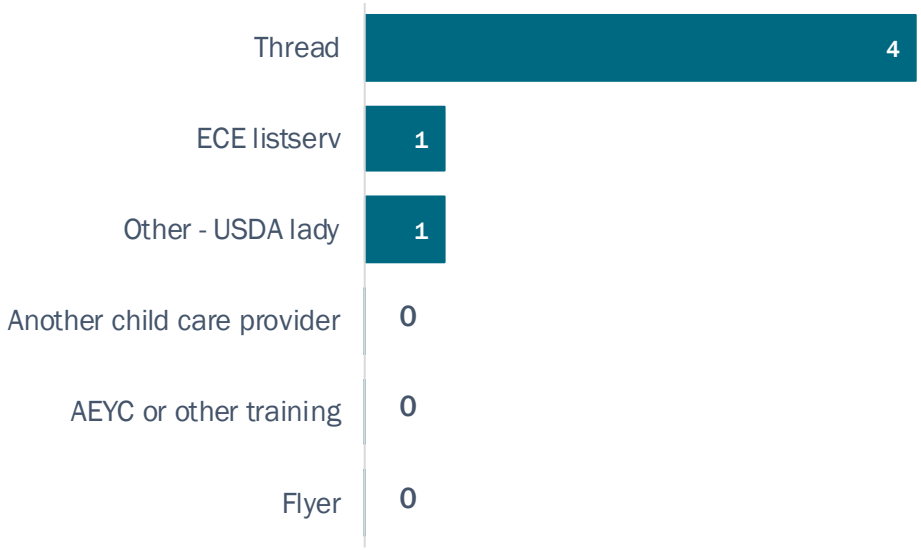


Q9. How could your Go NAPSACC TA Consultant have been more helpful? (n=4)*

- Explain the process - methodology and help understand the goal.
- I found her to be the most helpful part of the process. She was excellent!
- Maybe checking in more. One a week until the process is done for first timers. Make sure second timers have a better understanding.
- She was great

*Unedited responses

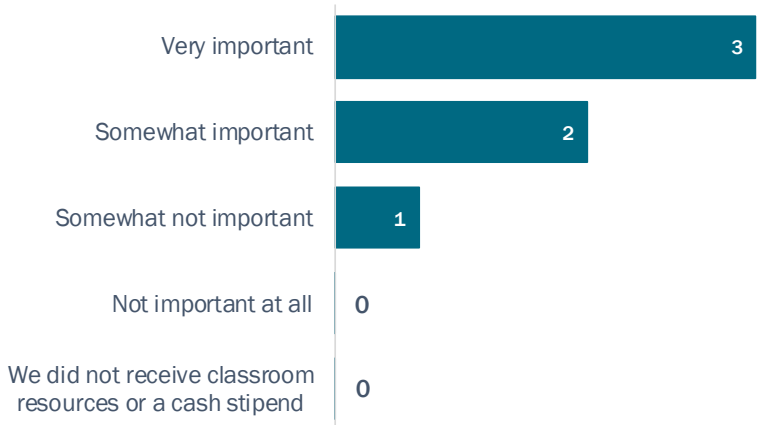
Q10. Count of how ECEs learned about Go NAPSACC (n=6)*



*Check all that apply

Q11. Count of ECEs' motivations for participating in Go NAPSACC (n=6)

12. Count of responses to how important were classroom resources or cash stipends for completing Go NAPSACC (n=6)



Q13. Count of responses to Go NAPSACC led to new written policy or strengthening existing policies (n=6)

Q14. Please describe the changes you made to your written policy (n=3)*

- Breastfeeding Policy
- I made a whole new breastfeeding policy. And I was very happy with it.
- No more canned fruit ONLY Fresh or frozen. Also serve fruit every morning, one snack and lunch.

*Unedited responses

Q15. How did the Go NAPSACC online tools help you with policy change? (n=3)*

- Improved
- It gave me a ton of ideas
- By citing examples of why Fresh and Frozen fruit is way better then canned (less sugar added, more dense nutrients and micronutrients)

*Unedited responses

Q16. Count of responses to Go NAPSACC improving current or adding new PAN practices or activities (n=4)

Q17. Please describe the changes you made to your nutrition or physical activity practices or activities (n=3)*

- Changing meals, and more physical activates for the preschoolers
- We added a ton of new activities and a bunch of new health food choices.
- We have added physical activity to circle time. Whether it is dancing for 30 minutes or playing games.

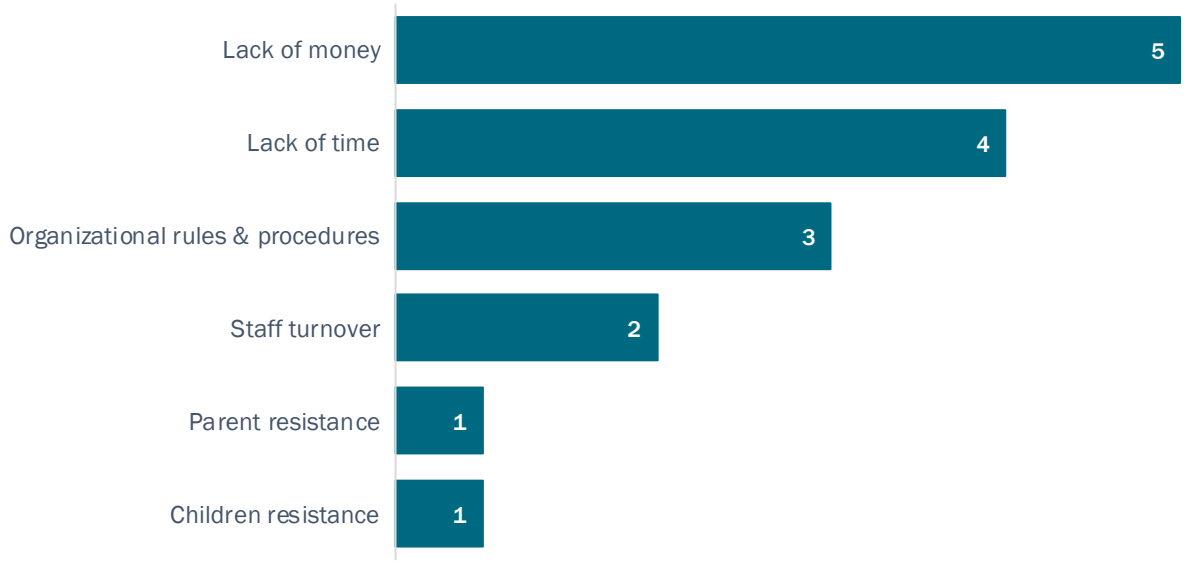
*Unedited responses

Q18. How did the Go NAPSACC online tools help you with nutrition or physical activity practices or activities? (n=2)*

- It gave me nes ideas to keep the kids active.
- NAPSACC gave us a lot of ideas and examples

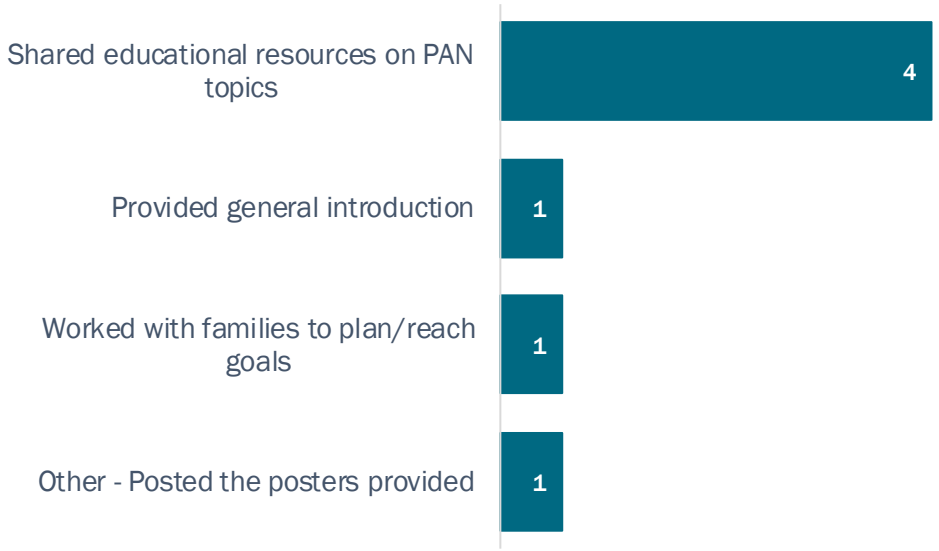
*Unedited responses

Q19. Count of ECEs that found the following items challenging about meeting Go NAPSACC goals (n=6)*



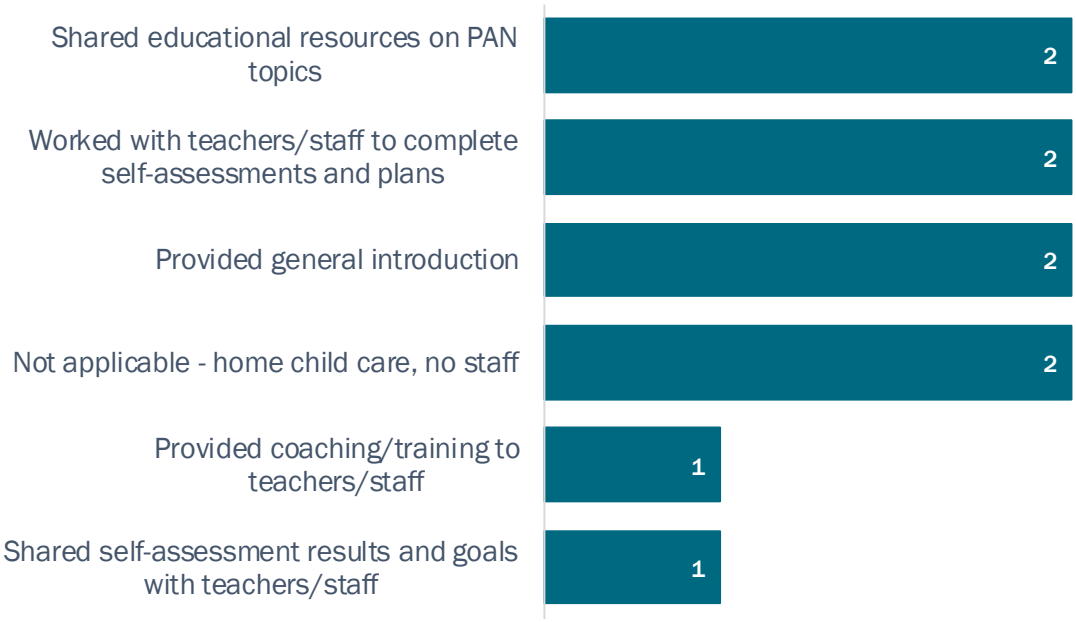
*Very challenging and somewhat challenging combined

Q20. Count of how ECEs included families in Go NAPSACC (n=6)*



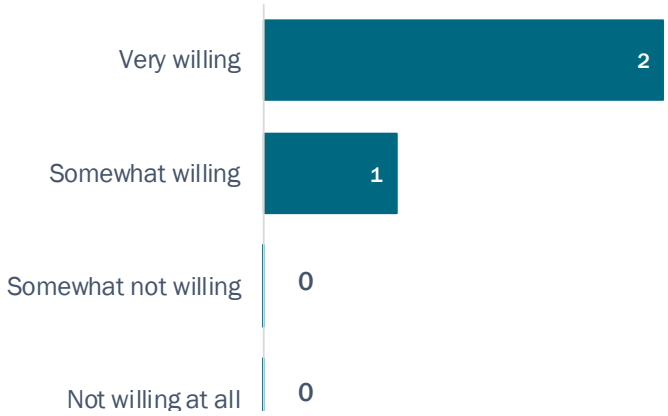
*Check all that apply

Q21. Count of how ECEs included teachers and staff in Go NAPSACC (n=6)*

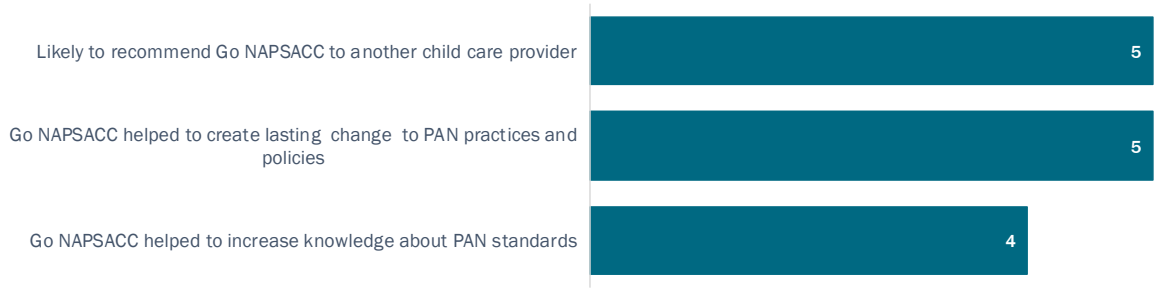


*Check all that apply

22. Count of responses to how willing teachers/staff were to change daily practices to meet Go NAPSACC goals (n=3)



Q23 & Q24. Count of ECEs that agreed with the following statements about knowledge and lasting change about PAN standards, practices, policies.*
Q25. Count of ECEs likely to recommend Go NAPSACC to other ECEs (n=5)**



*Strongly agree and somewhat agree combined

**Very likely and somewhat likely combined

Q26. Please use this space to provide any additional thoughts about your experience with Go NAPSACC (n=3)*

- I think this is great just
- Overall it's a great program! And I enjoyed all the new things I have added to my FCC program!
- This was an excellent initiative that made real, lasting change in our program. The children loved it and it was just the motivation that us as teachers needed to focus more on health eating and exercise!

*Unedited responses

Non-Go NAPSACC Resources in the Community

Q27. Count of ECEs that indicated the importance of non-Go NAPSACC resources in their decisions about making healthy changes (n=5)*

*Very important and somewhat important combined

Summary

Go NAPSACC Tools

The top Go NAPSACC tools used were self-assessments, action planning & goal setting, and tips & materials. Six of the seven respondents said these were useful and helpful for making changes. Trainings and how-to guides were less useful. Some of the respondents did not use trainings and how-to guides at all. Several of the respondents mentioned that they needed more support for using the tools.

Go NAPSACC TA Consultants

The responses and comments about the TA consultants were strongly positive. A few respondents mentioned their desire for more check-ins or guidance.

Go NAPSACC Implementation

Most ECE providers learned about Go NAPSACC through Thread. Most respondents said the cash stipends were important for completing Go NAPSACC; however, the top challenge to implementation was lack of money and time.

All respondents (who answered the question) said they would recommend Go NAPSACC to other ECE providers.

Changes to Policies and Practices.

While only half said that Go NAPSACC led to new or changed policies or practices, all said the program facilitated lasting changes.

New or changed policies mentioned: breastfeeding, canned fruit. New or changed practices mentioned: new ideas for meals, activities, and adding physical activity to circle time.

Non-Go NAPSACC Resources

The most important resource for influencing decisions about healthy changes was the Child and Adult Care Food Program (CACFP).

Limitations

The data presented in this report are considered very preliminary because of the small number of survey responses. These data may be combined with additional surveys in future years of the SPAN grant to provide a fuller description of Go NAPSACC in practice in Alaska.

The evaluation was a post-only, non-experimental design. Without a comparison group we do not know if the Alaska Go NAPSACC QI was better or worse than other resources for facilitating changes to policies and practices in ECE environments.

The 6-month follow-up period for the survey was chosen to gauge sustainability and "stickiness" of the intervention. Six months was considered a reasonable period to achieve this objective while minimizing attrition and loss to follow up. There is no evidence to support this duration for follow up other than face validity. Our response rate of 64% (7 of 11) may possibly have been higher if the follow-up period had been shorter.

Conclusion

Preliminary results indicate that the Alaska Go NAPSACC QI was generally well received and facilitated changes to policies and practices.

Appendix 1

Alaska Go NAPSACC Provider Survey

Thank you for participating in Alaska's Go NAPSACC program. Please complete the following short (about 10 minutes) survey about your experience. Your honest feedback will help us improve the Go NAPSACC experience for other early care and education programs. General results of this survey will be shared with Go NAPSACC Technical Assistance (TA) Consultants and the state and national organizations who administer and support Go NAPSACC in Alaska. Your name and answers will not be shared.

Your input is greatly appreciated! To thank you for your time, you will receive a set of funny face balls (6, 8.5-inch diameter, varied colors and faces, vinyl balls, valued at $45.)

Sincerely,

Diane Peck

Alaska Go NAPSACC Program

diane.peck@alaska.gov

907-269-8447

Please tell us about your experience with using the online Go NAPSACC tools.

1. Did you use any of the following online Go NAPSACC tools? (check all that apply)

    How-to-Guides (books or videos)

    Self-Assessments

    Action Planning and Goal Setting

    Tips and Materials

    Trainings

    None of these

2. Tell us more! Please respond to the following statements about your use of specific tools on the Go NAPSACC website.

Strongly Agree

Somewhat Agree

Somewhat

Disagree

Strongly

Disagree

Not Applicable or Did Not Use

The How-To videos and manuals helped me use the tools on the site.

The Self-Assessments were helpful to see where we could make improvements in nutrition and physical activity.

The Action Planning and Goal-Setting tools helped us make changes in nutrition and physical activity.

The Tips and Materials Library provided useful resources on the site.

The Training Library provided useful information to understand nutrition and physical activity standards for child care.

3. Since completing your first Go NAPSACC module, how often have you used any of the following online Go NAPSACC tools?

1-3 Times

4-6 Times

7-9 Times

10 or More Times

None or Not Applicable or Did Not Use

How-to-Guides

Self-Assessments

Action Planning and Goal Setting

Tips and Materials

Trainings

4. Please respond to the following statements about your experience using Go NAPSACC Tools.

Strongly Agree

Somewhat Agree

Somewhat Disagree

Strongly Disagree

Not Applicable or Did Not Use

The tools were easy to use.

The tools were useful in helping my program make healthy changes to nutrition or physical activity practices or policies.

I experienced technical difficulties with the website that got in the way of my progress.

The steps required to make progress seemed complicated.

The tools were flexible to meet the needs of my program.

When I needed a resource on the website to help make progress on a goal, I could always find it.

5. What could have made your experience using the online Go NAPSACC tools better? [open]

Your Go NAPSACC Technical Assistance Consultant

Please tell us about your work with your Go NAPSACC Technical Assistance (TA) Consultant. This includes all communications and meetings with the TA Consultant who oriented you to Go NAPSACC, checked-in with you about Go NAPSACC milestones, and/or helped you use the online tools or make progress toward your goals.

6. The amount of time I spent working with the Go NAPSACC TA Consultant was:

Not enough

Somewhat enough

Just right

Somewhat too much

Too much

I did not have a Go NAPSACC TA Consultant

7. Please tell us how helpful you found the support provided by your Go NAPSACC TA Consultant. Note: Mark "Not Applicable" if your Go NAPSACC TA Consultant did not provide that type of support.

Strongly Agree

Somewhat Agree

Somewhat Disagree

Strongly Disagree

Not Applicable or Did Not Use

Registering for Go NAPSACC Orientation to the tools or process

Check-ins or reminders to help you stay on track

Brainstorming ideas for meeting your goals

Troubleshooting challenges to meeting your goals

Providing resources like flyers, activity ideas, etc.

Providing training on nutrition or physical activity topics

Linking you to other organizations that could be of support

8. How important was your Go NAPSACC TA Consultant's support in helping your program make healthy changes to nutrition or physical activity practices or policies?

Very important (working with my consultant was critical to meeting the goals I set)

Somewhat important

Somewhat not important

Not important at all (I could have used the online tools on my own to meet my goals)

We did not make changes to nutrition or physical activity practices or policies.

9. How could your Go NAPSACC TA Consultant have been more helpful? [open]

Go NAPSACC in Your Program

Please tell us about your use of Go NAPSACC to make changes in your program.

10. How did you learn about Go NAPSACC? (Check all that apply)

- Thread
- Another child care provider
- At AEYC or another training
- Through a flyer
- On the ECE listserv
- Other (please specify)

11. What made you interested in participating in Go NAPSACC? Please choose the one answer that best reflects your motivation.

- My program has benefited from similar initiatives in the past.
- Healthy eating and physical activity were already a big focus of my program, so this fit nicely.
- I knew my program could do more to support healthy eating and physical activity and wanted this sort of resource.
- The classroom resources or cash stipends were my main motivation to participate.
- Other (please specify)

12. How important were the classroom resources or cash stipends in motivating you to complete Go NAPSACC milestones like taking self-assessments or setting goals?

- Very important
- Somewhat important
- Somewhat not important
- Not important at all
- We did not receive classroom resources or a cash stipend

13. Did your work with Go NAPSACC include adding a new written policy or strengthening existing written policies around nutrition or physical activity?

No

Yes

14. Please describe the changes you made to your written policy. [open]

15. How did the Go NAPSACC online tools help you with policy change? [open]

16. Did your work with Go NAPSACC include improving a current practice or activity or adding a new practice or activity around nutrition or physical activity?

No

Yes

17. Please describe the changes you made to your nutrition or physical activity practices or activities. [open]

18. How did the Go NAPSACC online tools help you with nutrition or physical activity practices or activities? [open]

19. Did you face challenges meeting your Go NAPSACC goals? Please respond to the degree of challenge for each of following items.

Very challenging

Somewhat challenging

Somewhat not challenging

Not challenging at all

Not applicable

Staff turnover

Parent resistance

Children resistance

Lack of money

Lack of time

Organizational rules and procedures

Other challenges (please specify)

20. How did you include families in your work with Go NAPSACC? (check all that apply)

We provided a general introduction to the project

We worked with families to plan and/or reach our goals

We shared educational resources related to healthy eating or physical activity topics

Other (please specify)

21. How did you include teachers and/or staff members in your work with Go NAPSACC? (check all that apply)

Not applicable (I am a family child care home provider and operate without any regular staffing help)

We provided a general introduction to the project

We worked with teachers and/or staff to complete the self-assessments and/or action plans

We shared our program's self-assessment results and/or goals with teachers and/or staff

We shared educational resources related to healthy eating or physical activity topics

We provided teachers and/or staff with coaching or training to help our program reach its goals

Other (please specify)

22. How willing were teachers and/or staff members to change their daily practices to help your program reach its Go NAPSACC goals?

Very willing

Somewhat willing

Somewhat not willing

Not willing at all

23. Please tell us how much you agree or disagree with the following statement: Overall, Go NAPSACC helped me and/or teachers and staff (if applicable) increase knowledge about nutrition and physical activity standards in child care.

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

24. Please tell us how much you agree or disagree with the following statement: Overall, Go

NAPSACC helped us create lasting and permanent change to our physical activity and healthy eating practices and policies.

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

25. How likely are you to recommend Go NAPSACC to another child care provider?

Very likely

Somewhat likely

Somewhat unlikely

Very unlikely

26. Please use this space to provide any additional thoughts about your experience with Go NAPSACC. [open]

Other Resources for Early Childhood Education Providers

In addition to Go NAPSACC, there are many other resources to help early childhood education providers with implementing physical activity and nutrition practices and policies.

27. How important were each of the following resources in your decision to make healthy changes in your setting?

- Very Important
- Somewhat Important
- Somewhat Not Important
- Not Important At All
- Not Applicable

Thread, Alaska's Child Care Resource & Referral Network (CCR&R)

A workshop or training on nutrition and/or physical activity

The Breastfeeding Welcome Here Recognition for Child Care program

The State of Alaska or Municipality of Anchorage licensing regulations

Learn & Grow, Alaska's Quality Rating Improvement System (QRIS)

Head Start or a child care assistance program

The Child and Adult Care Food Program (CACFP)

The Farm 2 ECE program

The Early Learning Guidelines

Program Design and Evaluation Services
Multnomah County Health Department and
Oregon Public Health Division

Provider and Consultant Feedback about the Alaska Go NAPSACC Program 2020

Interviews with Early Care and Education Providers and Technical Assistance Consultants

Prepared by:
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Program Design and Evaluation Services
Multnomah County Health Department and
Oregon Public Health Division

June 2020

Contents

Acknowledgments

This evaluation project was developed by a collaborative team consisting of staff from the State of Alaska Physical Activity and Nutrition Program and Program Design and Evaluation Services (PDES) in Portland, OR.

David Dowler from PDES conducted the interviews and wrote this report.

Appreciation goes out to the early care and education providers and technical assistance consultants who volunteered their time and provided invaluable insights about their experiences with the Alaska Go NAPSACC program.

Executive Summary

Starting in 2019, Alaska's Physical Activity and Nutrition Program, Division of Public Health, has sponsored a program called Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) to help support improvements in childhood health-related policies and activities at early care and education (ECE) sites across the state. The state support includes ECE site access to the online tools and a library of handouts and activities, one-on-one coaching and technical assistance from experienced program consultants, and resources to help sites reach their programmatic goals. The purpose of this report is to provide a summary of interviews we conducted with ECE providers and technical assistance (TA) consultants to learn about their experience with the program, its strengths and weaknesses, and suggestions for program improvement.

From February through April 2020 we conducted phone interviews with four ECE providers and three TA consultants and performed content analysis to identify and summarize main themes in this report.

The respondents provided very positive feedback about the program, its modules and tools, and the interaction between providers and consultants. Program participation has led to lasting changes in policies and activities, particularly within physical activity, child nutrition and breastfeeding initiatives. While there were a few challenges and suggestions for improving the program, highlights of the program include its wealth of credible information and resources, its integration of self-assessments within a framework of current best practices, its ease of use, and its ability to help create excitement among providers for making sustainable and positive changes to improve childhood health at ECE sites in Alaska.

Overview

Starting in 2019, Alaska's Physical Activity and Nutrition Program, Division of Public Health, has sponsored a program called Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) to help support improvements in childhood health-related policies and activities at early care and education (ECE) sites across the state. The purpose of this report is to provide a summary of interviews we conducted with ECE providers and technical assistance (TA) consultants to learn about their experience with the program, its strengths and weaknesses, and suggestions for program improvement.

Summary of Go NAPSACC

Go NAPSACC is an online tool that helps ECE programs support children's healthy eating and physical activity, among other topics. Go NAPSACC's online platform guides ECE providers through five steps within each of seven possible health-related topics or modules, customized to individual provider capacity and motivation. The five steps include[1]:

- Assess: Self-assessments help child care providers compare their practices to Go NAPSACC best-practice standards.
- Plan: Action planning tool helps providers set goals and create plans for improvement, based on the self-assessment results.
- Take Action: A tips and materials library offers resources to help providers complete action plans and reach their goals. The library offers how-to guides, educational materials for staff, ideas for classroom activities, and communication tools for working with parents.
- Learn More: Suggested online trainings offer more resources for providers to learn about best practices and ways to implement new tools.
- Keep it Up: After working towards goals, providers take the self-assessment again in order to document their improvement and learn what's working and what still needs work.

The seven topic areas, presented as online modules, offer the choice to work on policies and activities related to:

- Child Nutrition
- Breastfeeding and Infant Feeding
- Farm to ECE
- Oral Health
- Infant and Child Physical Activity
- Outdoor Play and Learning
- Screen Time

[1] This information found at: https://gonapsacc.org/

The State of Alaska implements a Go NAPSACC Quality Initiative (QI). The state supports ECE sites with free access to the Go NAPSACC online tools and library of handouts and activities. The state works with trained TA consultants to provide one-on-one coaching and technical assistance to help ECE providers navigate the Go NAPSACC website and implement the steps for their programs. The state also provides resources, or incentives, to help sites reach their programmatic goals[2]. A QI generally consists of a provider completing one or two Go NAPSACC modules of their choice in order to receive the incentives.

Methods

A project team guided the design and implementation of this evaluation project and included staff from Program Design and Evaluation Services in Portland OR, and from the State of Alaska Physical Activity and Nutrition Program.

Respondent Recruitment and Interview Questions

ECE Providers were recruited from those who had:

- Participated in the Go NAPSACC program, completing at least one module and its post-assessment between 2/1/19 and 10/8/19 (n=11)
- Completed an online survey[3] asking about their experiences with the program at least six months after completing their first module (n=7) (Six months was determined to be a minimum time for responses to reflect long-term change.)
- Agreed to participate in a telephone interview (based on a response to a survey item) (n=4)

All four providers who met these criteria participated in the interviews. TA consultants were recruited from the list of active consultants, and all three eligible consultants participated in the interviews. Therefore, we conducted a total of seven interviews.

We developed interview questions to learn in-depth information about provider and consultant experience with the Go NAPSACC program, which included questions about the following topics: (see Appendix 1 for the interview guides used for ECE Providers and TA consultants):

- Overall experience
- What was learned
- What were lasting changes (providers) and primary accomplishments (consultants)
- What were the most positive and helpful aspects of the program
- What were important challenges
- What would improve the program
- Feedback about the consultants
- Program relevance for Alaska, including for Alaska Natives

[2] http://dhss.alaska.gov/dph/Chronic/Pages/Obesity/GoNapSacc.aspx

[3] Separate summary results for the online survey can be found at *[insert website here*]

We conducted the interviews by phone from February through April 2020.

Analysis

We created field transcripts from the audio-recorded conversations and conducted content analysis with NVivo qualitative analytical software (v.11) to identify and summarize the primary themes using a general inductive approach. Because of the small overall number of interviews and general intent to identify potential themes, we limited our discussion of respondent number mentioning individual themes. We also identified representative verbatim quotes to help illustrate respondent ideas. Quotes provide good examples of themes but are not exhaustive.

Results

These results are based on a total of seven interviews, four with ECE providers, and three with TA consultants (hereafter referred to as providers and consultants).

Overall experience with Go NAPSACC

There were very positive overall views about the program, from both provider and consultant perspectives. While one provider expressed that it was a bit rough and frustrating at the outset, all others had only very positive answers to this broad initial question. The discussions included superlatives such as:

- Great
- Excellent
- Fun, easy-to-use and informational
- Really positive experience
- Great resources

> *"I personally really like it…the site itself has a lot of great resources… if you're looking for activities to do with the kids, if you're looking for resources to send home with parents, recipes to promote healthy nutrition and engage children, there's a whole, whole wealth of things. It's by far the most user-friendly thing I've worked with thus far." [Consultant]*

What did you learn in the process?

Providers mentioned learning about specific content areas such as childhood physical activity and nutrition, and about breastfeeding. Beyond specific content, single mentions included

learning about the "whys" behind the recommendations, that their sites were the source of most meals for many of their children, and that they had been communicating with parents less than they would like.

Consultants did not mention specific things they had learned, other than one provider coming to realize that the best practices can be very challenging to do.

How has participating led to lasting changes in policies and activities?

Providers mentioned making specific and sustained changes in practices and policies across several childhood health-related areas. Topics mentioned, along with specific changes, included:

- New breastfeeding policies, including dedicated equipment and physical spaces
- More indoor and outdoor physical activities, with the addition of equipment and rain gear to allow for more activity in bad weather
- Improved nutrition, such as replacing canned fruits and vegetables with fresh and frozen, buying a freezer to facilitate this change, pureeing fresh fruits to replace commercial baby foods
- Creating a garden, and harvesting and using the food
- Even after finishing, continuing to use the materials on a daily basis

> *"We changed the activity level. Because I know prior in the past when it was too cold we'd let them watch a movie and they would have TV time. But [now] we make sure they get activity every day." [Provider]*

> *"I mean my house is the first in Alaska to be a breastfeeding home, so I think that's pretty cool… I had to create a breastfeeding policy for my daycare, which I never even thought to do." [Provider]*

Consultants added some information about the changes they had observed at the sites, including similar information about creating breastfeeding policies with addition of dedicated spaces, using program incentive funds to improve rainy day activities, and noting how a provider became an advocate for the program among non-participating peers.

> *"I know one of the providers, she was pretty much an advocate. She loved it. And she would always promote the program to other people and how it helped her." [Consultant]*

> *"A lot of folks have said they don't go outside or take the kids outside as often as they would like or very often at all because either the parents don't have the appropriate clothing for kids for rainy climates or they don't bring them. We've had providers who have recognized that that's something they*

want to change… and to actually use the funds in that way. We've had providers buy rain gear for their kids, for themselves so that, they realized, 'Oh, I actually, I don't go outside or I don't take them outside because I don't feel comfortable because I get all wet.'" [Consultant]

What have been the most important accomplishments of the program? (Consultants)

Consultants provided compelling evidence for many different and positive accomplishments due to the Go NAPSACC program at the sites they assisted. All three consultants mentioned how the program helps generate excitement among providers for working toward improving policies and practices, and how this motivates them to go above and beyond core expectations of the program, working on additional modules and continuing to use the resources and program materials after they finish their official participation. Other accomplishments included:

- The effective integration with other related programs, particularly food and nutrition programs (Child and Adult Care Food Program, for example)
- The ability of the online platform and its resources to allow flexibility and freedom for providers to learn on their own and not rely as much on the consultants to guide activities and answer questions
- The consistency of the funding and resources moving this beyond a typical "one and done" approach, changing provider mindsets about how programs can be more sustainable
- The user-friendly nature of the program
- A way to facilitate a conversational starting point for providers and consultants
- The use of incentive funding to be well-integrated with program goals and achievements
- An ability to reach a large majority of providers in AK
- The creation of lasting changes

"A lot of them go above and beyond the requirements of this particular quality initiative. So, for instance, they're maybe this time only required to look at two different modules. The majority are looking at four or more. They don't get any more funding. They just really like being able to navigate that… And a few of them already ran a really great program where they were focused on nutrition and physical fitness and they've still found some ways to add more into their program." [Consultant]

"So I know that programs have gone back in and are still in the NAPSACC site using it even though they're technically finished…That has been really cool to see that they've actually enjoyed it and continue it without the incentives that we offer." [Consultant]

"We're able to reach such a large majority of providers throughout Alaska… Alaska is very diverse and some areas hard to get to technology-wise and so on. And I think as a team we're working really well to kind of reach all types of programs, family group as well as center-based, and all different socioeconomic, tribal so on." [Consultant]

"This is different in that they can continue and have access to resources on their own time whenever they want… They don't have to send an email hoping that I'll be able to respond early enough the next day. It allows them a lot more freedom in learning than just relying on TAs for information. I see my role a lot more as someone who can help them through the process and someone that's going to encourage them rather than someone that's telling them the information… I'm actually doing technical assistance rather than doing education." [Consultant]

"Despite folks being a little adverse to working on the computer, it's really user friendly… To actually to see their progress is very easy and visually appealing and it's nice to look at and it's organized really well so it's not as intimidating as other systems that we use." [Consultant]

What have been the best aspects about participating in the program? (Providers)

Providers found the materials and resources very helpful, such as having laminated ready-to-use handouts or having tips such as suggestions to improve physical activity goals during the winter. Another aspect commonly mentioned was the incentive funding, and how helpful it was to use that to acquire materials and equipment customized to their program goals and activities. Other helpful aspects mentioned included:

- An easy-to-use website
- The assessment activities
- Diane Peck's support
- The program's allowance of a flexible pace
- The supportive role of the consultants
- Working on multiple things at the same time

Another question that asked specifically about which program tools had helped them make lasting changes at their sites generated similar information about what providers found to be the most helpful aspects of the program. The providers particularly found the self-assessments to be helpful because of their level of detail and how they helped providers understand the "why" of the results, based on the clear and comprehensive presentation of best practices. Along with the best practices, the providers found the suggestions, tips and ideas for activities and policies helpful to create momentum for change. There was also appreciation for how the

information was presented in the program, that it provided a wealth of information in one place within an easy-to-use platform.

> *"I think the materials that I have access to, because it's ready to print. I can laminate it and put it in the rooms for my parents and teachers to see. It's a little bit easier way of training or accessing material like that to do meetings with." [Provider]*

> *"You guys have a lot of information just on one place that's easily accessible. There's no searching the internet for the right way. Just so parents understand too, and kids can see the posters, or whatever. It's just well received in a childcare community… I like the way it's presented in NAPSACC." [Provider]*

> *"At the end when I finished, I got just the supplies that went along with what I was putting into action, which was obviously very beneficial as well, and kind of kept me motivated and kept me going on it. And got the kids all really excited about the things we were doing and lessened my load." [Provider]*

> *"I think the assessment piece, visually seeing that, going through those questions, because they were super detailed. Just makes us really see where we're at and where we want to be. I think that's great." [Provider]*

As an additional indication of provider satisfaction with the program, when asked what advice they would give to peers about participation, all providers said they would definitely encourage other providers to participate in Go NAPSACC.

> *"Oh yeah, I've already told other providers they should do it… I would tell anybody who is interested to go ahead and do the program and learn about it." [Provider]*

What were the most successful modules and tools for providers? (Consultants)

Consultants were asked what they felt had been the most successful modules and tools within the Go NAPSACC program, along with what were helpful ways to facilitate providers starting up with the program and staying with it.

In identifying successful modules, the most popular mentions were Infant and Child Physical Activity, Outdoor Play and Learning and Child Nutrition. One provider however mentioned that nutrition activities were more difficult to monitor compared with those incorporated for physical activity. Two consultants also felt the Breastfeeding and Infant Feeding was a

successful module, while the third mentioned it wasn't as successful because of fewer infant care sites in the Juneau. One provider described some success with the Screen Time module, but another said it wasn't as easy to identify relevant ways to use the incentive funding, making it less appealing to providers. There were no mentions for the two modules related to Farm to ECE and Oral Health.

The most successful program tools included the best practices-grounded self-assessments and the tips and materials. Consultants were impressed with exhaustive nature of the best practices and how they brought a lot of important information together in one place. Their integration with the self-assessments are important in making them relevant for providers to know how they are doing and how they could improve. Similarly, the tips and materials were praised as an invaluable aid for providers in thinking through and coming up with options to help reach their goals of improving their children's health within customized action plans. One consultant mentioned the trainings as less than helpful in comparison.

> *"I really like how it, as you take assessments it shows you what your progress is based on best practices and gives very concrete examples of where, if you're lacking in one area how you can take steps to meet that best practice … Having [best practices] all in one place, that was kind of cool to see … and it's written in such a way that it's really clear and easy to understand." [Consultant]*

> *"The tips and the materials are great and I direct people there all the time when I'm introducing folks to the website and everything. I think I spend more time there than almost anywhere and I think I personally kind of was blown away by it… how exhaustive it is in what resources there are. I think it does a really good job of providing resources that are really credible. A majority of them are from either universities or USDA. All of them are just vetted so it's not like you're Googling different activities. It's things that are research based and they're backed up by reputable organizations, which is really valuable." [Consultant]*

Consultants identified several considerations for helping providers start up with the program and complete their first self-assessment. These included:

- Setting up a timeline and following up
- Helping them find their own internal motivation for goals and activities
- Acknowledge how busy schedules makes it difficult to do something new, and emphasizing that the program allows providers to move at their own pace

> *"There's somewhat of a time limit but not quite and I think emphasizing to them that it's very much on their schedule and recognizing, "You are busy and we're not expecting you to sit down and complete this in a day and it's meant to be used over time and that's what we want," and we don't want*

them to be stressed while they're engaged with it. I think that's a huge thing to recognize and to verbalize to them." [Consultant]

One consultant added that the incentive funding helps as an early motivator for providers, but it's also important to help them find their passion for improving policies and activities as the more sustainable motivation for participation.

As for considerations for helping providers stay with the program, consultants mentioned the following as helpful:

- The focus on their motivation to make healthier choices
- Providing support in a way to encourage a constant conversation between consultant and provider
- Providing incentives
- Providing certificates

It helps that the program is built to be sustained beyond the time of official participation, so that providers retain their account and access to the program materials and resources.

"I think it's changing that mindset. Whereas before it's, 'Okay, you're participating in a one and done kind of thing. We want you to participate, we want you to be thoughtful about what your goals are, we want you to achieve your goals and you're done.' This is different in that they can continue and have access to resources on their own time whenever they want. [Consultant]

What made it difficult to participate in the program?

In general, providers did not mention many difficulties or challenges. A common issue was not always having dedicated time to work through steps or to work on the program with staff, given the demands of the job. A couple providers mentioned confusion and frustration around the assessment process: needing more explanation about the assessments, about the criteria for completing it, or not understanding the results; and confusion about the post assessment and how it was different from the pre-assessment.

Other issues that came up included:

- There is a need for participants to go back to update goals, which was difficult at times
- Initial confusion about the overview of the program, and how it was different or fit in with other similar programs

Another question asked about challenges that made it difficult to establish changes in policies or activities. Only one provider mentioned a challenge for this, which was related to the slow bureaucratic process that impeded making timely changes at her site.

Consultants were also asked to identify challenging aspects for providing technical assistance to sites. A challenge mentioned by each consultant was that their screen views differed to what was seen by the providers. This caused difficulty and confusion at times, as consultants couldn't problem-solve where providers were stuck or having difficulty as the consultant screen primarily would show end points in the process rather than the process itself. One provider mentioned working through provider demos to create a work-around for seeing what the provider sees in the program.

> *"Their screen is a little different than mine. I can still look at some of the tools, but I'm looking as a professional development specialist, not as a user, so I'm not always able to see. I know the resources that they have, but I'm not always able to view what they viewed… I can just kind of follow the data in which they are implementing some of the goals and meeting those goals." [Consultant]*

Other challenges for providing TA included:

- Confusion about distinguishing the process and steps from separate, similar programs
- Confusion about providers knowing when they are done after the post-assessment or understanding the difference between the pre- and post-assessments
- Different levels of provider comfort with computers, with some providers not being as tech-savvy as others
- Some providers wanting to go too fast and not take appropriate time to go through the goal-setting and activity-building steps
- Difficulty for consultant to move beyond assistance with site navigation, to find a balance between working to simply complete things and "check the box" versus working through the program to actually learn from it

What would help improve the program?

From the provider perspective, only one could think of ways to improve the program. The one with suggestions primarily felt some sort of overview training, perhaps in the form of a taped webinar, would have helped avoid confusion she felt starting up, going through the assessments (a second provider also mentioned having confusion about this), and at the end when she wasn't sure whether it was possible to continue. This provider also mentioned that it might be helpful to have a condensed form of the self-assessments for administrators to share with staff.

> *"If they did a little overview, I think that that would've been helpful. Like this is where you start, this is the process. Because I didn't even know… I was trying to crank them out. I thought I had to do all six efforts, but I only had to pick two, so it was just a little unclear for me. I just think if we were*

to have some sort of overview, I would have been like, 'Okay, I got a better understanding about it.'" [Provider]

From the consultant perspective, there were two suggestions for overcoming the problem of different screen views between providers and consultants: make it possible for consultants to see the "site view," or create a PowerPoint of provider screen shots to share with consultants. Other suggestions included the following:

- Better clarify that the process is primarily done after the second self-assessment
- Consider ways to add Alaska-specific suggestions, such as including outdoor activities in cold weather, or for promoting foods grown in Alaska
- Encourage better understanding of the assessment process so providers know it can be a tool used at several points in the process, to help monitor progress toward goals
- Don't allow providers to submit template action plans, to encourage better engagement with goal setting and action planning steps

How was your experience working with the TA consultants? (Providers)

Providers were very positive about their experiences working with the TA consultants, with such overall comments such as "super helpful," "above and beyond amazing," and "wonderful." Many mentioned specifics about how consultants helped them navigate and move through the process, helped with technical aspects of the online platform, and helped keep them on track with check-ins and deadlines. In general, providers appreciated the flexibility and responsiveness of their consultants, and appreciated the chance to have dedicated time set aside with someone to provide help with planning, setting goals and thinking about how to improve policies and activities.

"I would say the support that I received when I was doing it from [consultant] was wonderful. I think that being a child care provider, especially a home child care provider is incredibly isolated, and just to have another set of eyes in here and doing some reflection with me on the program and what I could be doing differently or better. And having that time set aside for some brainstorming was incredibly beneficial. It really stands out to me." [Provider]

As for challenging aspects of interacting with consultants, one provider found that the reliance on email had sometimes caused a delay in responses, and another provider mentioned it was difficult being in limbo during a changeover in the TA consultant.

How relevant is this program for the state of Alaska, including for Alaska Natives?

When asked about the relevance of Go NAPSACC for the state of Alaska, given its unique characteristics, providers and consultants mentioned there were aspects about the program that made it particularly helpful for Alaska. Specifically, its online platform is an important way to provide resources and support for hard-to-reach rural and frontier areas making up a large section of the state. These areas often cannot be reached easily by programs that rely on face-to-face interactions and training. Another helpful aspect is the tips and advice for indoor physical activity that become critical in meeting the demands of the long, cold Alaska winter.

> *"It's been helpful in being that resource for programs that we don't have as easy of a time providing support for. Because it's like, within [the city] we can drive to a program, do activities with the kids, work with the provider themselves, model different activities, things like that. For any of the other communities it's pretty sparse as far as what supports they have. I think it's been helpful in that regard in just allowing there to be something for them.' [Consultant]*

On the other hand, both providers and consultants also mentioned that some of the suggestions around food, such as using fresh fruits and vegetables, can be particularly difficult to incorporate within Alaska, and it would be helpful to have more suggestions or resources that would be unique to the state. Examples included incorporating information about subsistence food practices, adding more suggestions about outdoor physical activities when it's cold, or more suggestions for indoor physical activities.

When asked to consider Go NAPSACC's relevance for native Alaskans, there were not many specific comments or suggestions. One provider felt the advice around food and nutrition was not a good match with native culture, as the diet is so different and best practices, particularly around fruits and vegetables, may not be as culturally relevant. While others felt there were no serious detriments for using the program for native culture, and that some aspects seemed to match cultural values, such as being outdoors and exploring nature, they typically find no real specific information relevant for native Alaskans within program resources.

Conclusions

A potential limitation for our results is the low number of total interviews, which may have led to different results compared with a larger pool of providers that we may have achieved with a longer evaluation period or less strict eligibility requirements. But these results provide valid early feedback from providers participating in the program and their TA consultants. We recommend continuing interviews with participating providers and consultants into the future, to monitor and summarize any additional and ongoing feedback about successful and challenging program elements, along with ideas for improvement. We also recommend continuing to recruit providers from across the range of larger and smaller ECE sites, and to consider assessing differences by this characteristic as interview numbers allow. It may also be

important to widen the eligible pool of providers in order to gather feedback from those who did not participate after completing an initial assessment, to learn what represents barriers for these providers and what might help engender their full participation.

This report has provided a summary of feedback gathered from early care and education providers and technical assistant consultants in Alaska who have participated in the Go NAPSACC program. The respondents provided very positive feedback about the program, its modules and tools, and the interaction between providers and consultants. Program participation has led to lasting changes in policies and activities, particularly within physical activity, child nutrition and breastfeeding initiatives. While there were a few challenges and suggestions for improving the program, highlights of the program include its wealth of credible information and resources, its integration of self-assessments within a framework of current best practices, its ease of use, and its ability to help create excitement among providers for making sustainable and positive changes to improve childhood health at early childhood education sites in Alaska.

Appendix 1: Provider and Consultant Interview Guide

Script for Phone Interview

Introduction—
Hello. May I speak with <*name of participant*>?

Hi, my name is <interviewer> and I work with the State of Alaska Physical Activity & Nutrition Program. We've been in touch by email and we've scheduled this time to talk about your experience with Go NAPSACC online tools and technical assistance. Is this still a good time to talk?

(IF NO: when can I call you back?)
Thank you so much for agreeing to talk with me about your experiences.

Elements of Consent—

Just to be clear about the parameters of this interview: I plan to ask you about what has worked well with the Go NAPSACC project, along with what may have been challenging and what might help improve the program. This is a one-time interview. Your honest feedback will help us improve the Go NAPSACC experience for other early care and education programs. General results of this survey will be shared with Go NAPSACC Technical Assistance (TA) Consultants and the state and national organizations who administer and support Go NAPSACC in Alaska.

Your answers will be confidential. We will use an ID number, not your name or your site's name, to record any information you give me. Talking with me is completely voluntary and you don't have to answer any of the questions I ask if you don't want. You can also end the interview at any time.

If you have any questions or concerns about the interview, I can give you the number of Diane Peck, who is the manager in charge of this project (907-269-8447). Do you have any questions for me before we begin?

Permission to Audio Tape—
I'd like to audiotape this call, with your permission, to make sure I understand everything you say and to have a good backup for my notes that I'll be taking during the call. Is it OK with you if I tape this call?

YES (*begin recording. tell participant that you have started recording.*)
NO (*say OK, and tell the participant you will continue the interview without recording*)

Interview Questions for Providers—

1. How would you describe your overall experience participating in Go NAPSACC?

2. What have been one or two of the best aspects about participating?

3. What are 1 or 2 things you learned throughout the process?

4. In what ways has your participation with GNS led to lasting changes in activities or policies at your site?

    If not already discussed:
    5. Do you have a specific example or story you can share of how the changes related to better nutrition or increase physical activity benefitted a certain child or group of children?

6. Considering these changes in activities or policies, what was the most important way that the Go NAPPSACC program or tools helped you make those changes?

I'd also like to hear about anything that was a challenge or a barrier as you used the program and tools.

7. What were one or two aspects that made it difficult to participate in Go NAPSACC?

8. What made it difficult to establish the policy or practice changes suggested by Go NAPSACC, if anything?

9. What would have helped make this program better for you?

Now I'd like to ask about working with the TA consultants.

10. Overall, how was your experience working with them?

11. What was the most helpful aspect?

12. What could have gone better, if anything?

13. What advice *about using Go NAPSACC* would you give to another early childhood educator wanting to make changes to their nutrition or physical activities practices and policies?

We're also interested in hearing opinions about how well this program fits for ECE providers in Alaska.

14. Do you have any comments about how well this program works in Alaska, given the state's unique cultural or geographic characteristics?

    If not already discussed:
    15. How would you characterize this program's relevance for AK native families?

16. Do you have anything else to tell me, or wish I had asked?

Interview Questions for TA Consultants—

1. How would you describe your overall experience participating in Go NAPSACC?

2. Throughout this process, what are 1 or 2 things you learned about nutrition or physical activity recommendations for early childhood educators?

3. What have been the most important accomplishments of the program?

4. What have been some lasting changes you've seen as a result of early childhood education sites participating in the program?

    If not already discussed:
    5. Do you have a specific example or story you can share of how the changes related to better nutrition or increase physical activity benefitted a certain child or group of children?

6. What module or modules have been the most successful and why?

7. What tool or tools have been the most successful and why?

8. What differences have you noticed in results across the early childhood education sites you've worked with? By that I mean differences in success by some characteristic such as rural vs. urban, or large vs. small site or any other characteristic?

9. What have been one or two aspects that have been the most challenging in providing TA to the early childhood education providers?

10. Thinking about these challenges or other aspects that have been difficult, what could be changed to improve the program?

11. What are the most important considerations for motivating early childhood education providers to start up and complete the first assessment?

12. What are the most important considerations for helping early childhood education providers stay with the program and work toward their goals?

We're interested in hearing opinions about how well this program fits for ECE providers in Alaska.

13. Do you have any comments about how well this program works in Alaska, given the state's unique cultural or geographic characteristics?

    If not already discussed:
    14. How would you characterize this program's relevance for AK native families?

15. Do you have anything else to tell me, or wish I had asked?