

# WASHINGTON: NAP SACC

## *Researching an Intervention to Create the Healthiest Next Generation*



This brief provides a summary of the CHOICES Learning Collaborative Partnership simulation model of integrating the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) into Washington's Quality Rating and Improvement System (QRIS), Early Achievers, which awards quality ratings to early care and education (ECE) programs meeting defined standards.

### **The Issue**

Over the past three decades, more and more people have developed obesity.<sup>1</sup> Today, nearly nine percent of 2-5 year olds have obesity.<sup>2</sup> Health care costs for treating obesity-related health conditions such as heart disease and diabetes range from \$147 billion to nearly \$210 billion per year.<sup>3</sup> Emerging prevention strategies directed at children show great promise for addressing this issue.<sup>4</sup> A large body of evidence shows that healthy eating, physical activity, and limited screen media time (like watching TV or smartphones) helps kids grow up at a healthy weight.

In Washington, over a quarter of 2-5 year olds attend a licensed ECE program.<sup>5</sup> Because QRIS systems like Early Achievers incentivize ECE programs to meet high standards and provide training, they are an ideal way to help ECE programs engage in improving nutrition, physical activity, and screen time practices. The Department of Early Learning invested \$91 million in Early Achievers in 2016-17.<sup>5</sup>

### **About NAP SACC and QRIS**

NAP SACC, based on the best available scientific evidence, helps ECE providers improve nutrition, active play, and screen time practices.<sup>6,7</sup> QRIS programs encourage providers to improve in quality by using a voluntary and rewarding (rather than regulatory and punitive) approach and offers a mechanism for implementing a time-intensive program like NAPP SACC. ECE directors complete self-assessments of existing practices and receive training and technical assistance to implement changes that create healthier environments. In Washington's hypothetical model, completing NAP SACC would be an option for ECE providers seeking to achieve Early Achievers Level 3 status. State-contracted coaches would train providers and conduct technical assistance for meeting NAP SACC goals.



### **Comparing Costs and Outcomes**

CHOICES cost-effectiveness analysis compared the costs and outcomes of integrating NAP SACC into Early Achievers over 10 years (2015-2025) with costs and outcomes associated with not implementing the program. The approach assumes that 72% licensed ECE centers participate in Early Achievers, and 25% of both center-based and home-based providers adopt NAP SACC.

# Implementing NAP SACC in child care programs throughout Washington is an investment in the future. By the end of 2025:

## CHILD CARE CENTERS:



**OVER 32,800 CHILDREN**

reached with more active play, less screen time, and healthier foods and drinks.



**288 CASES**

of childhood obesity prevented in 2025.

**COST PER CHILD**

**\$101**

**1,797 YEARS** with obesity prevented.

## FAMILY CHILD CARE HOMES:



**OVER 7,600 CHILDREN**

reached with more active play, less screen time, and healthier foods and drinks.



**66 CASES**

of childhood obesity prevented in 2025.

**COST PER CHILD**

**\$418**

**415 YEARS** with obesity prevented.

## Conclusions and Implications

Every child deserves a healthy start in life. This includes ensuring that all kids in child care have opportunities to eat healthy foods and be physically active, no matter where they live or where they go for child care. A state-level initiative to bring the NAP SACC self-assessment and improvement process to Washington child care programs through the Early Achievers system could prevent over a thousand cases of childhood obesity in 2025 and ensure healthy child care environments for over 160,000 children. For every \$1 spent implementing this strategy with child care centers, we would save \$0.08 in health care costs as a result of decreased obesity prevalence. For every \$1 spent implementing this strategy with family home providers, we would save \$0.02 in health care costs as a result of decreased obesity prevalence.

These results reinforce the importance of investing in prevention efforts, to reduce the prevalence of obesity. Shortchanging prevention efforts can lead to more costly and complicated treatment options in the future. Introducing small changes to young children can help them develop healthy habits for life.

Evidence is growing about how to help children achieve a healthy weight. Programs such as NAP SACC are laying the foundation for healthier generations by helping ECE providers create environments that nurture healthy habits. Leaders at the federal, state, and local level should use the best available evidence to help children eat healthier diets and be more active.

<sup>1</sup> Flegal, K.M., Kruszon-Moran, D., Carroll, M.D., Fryar, C.D., Ogden, C.L. (2016). Trends in Obesity Among Adults in the United States, 2005 to 2014. *JAMA*, 315(21), 2284-91.

<sup>2</sup> Ogden, C. L., Carroll, M. D., Lawman, H. G., Fryar, C. D., Kruszon-Moran, D., Kit, B. K., & Flegal, K. M. (2016). Trends in obesity prevalence among children and adolescents in the United States, 1988-1994 through 2013-2014. *JAMA*, 315(21), 2292-2299.

<sup>3</sup> Cawley, J., & Meyerhoefer, C. (2012). The medical care costs of obesity: an instrumental variables approach. *Journal of Health Economics*, 31(1), 219-230.

<sup>4</sup> Gortmaker, S. L., Wang, Y. C., Long, M. W., Giles, C. M., Ward, Z. J., Barrett, J. L., ...Cradock, A. L. (2015). Three interventions that reduce childhood obesity are projected to save more than they cost to implement. *Health Affairs*, 34(11), 1932-1939.

<sup>5</sup> DEL Early Achievers Data Dashboard and Market Rate Report, June 2015; *Early Start Act Report*.

<sup>6</sup> Ward, D.S., Benjamin S.E., Ammerman, A.S., Ball, S.C., Neelon, B.H., Bangdiwala, S.I. (2008). Nutrition and physical activity in child care: results from an environmental intervention. *Am J Prev Med*, 35(4):352-6.

<sup>7</sup> Alkon, A., Crowley, A.A., Neelon, S.E., Hill, S., Pan, Y., Nguyen, V., Rose, R., Savage, E., Forestieri, N., Shipman, L., Kotch, J.B. (2014). Nutrition and physical activity randomized control trial in child care centers improves knowledge, policies, and children's body mass index. *BMC Public Health*, 14:215.

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