



**Evaluation of the Step It Up:  
Taking Steps to Healthy Success Project**  
for Child Care Aware of Kansas  
**2018 Report**



## The Gretchen Swanson Center for Nutrition

The Gretchen Swanson Center for Nutrition is an Omaha-based, independent nonprofit research organization providing research, evaluation, and partnership in: childhood obesity prevention, food insecurity, and local food systems.

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# Executive Summary

With financial support from the Kansas Health Foundation and Kansas Department of Health and Environment-Bureau of Community Health Promotion, Step It Up: Taking Steps to Healthy Success began its fifth year of implementation in the fall of 2017 and concluded in the summer of 2018. Using a learning collaborative model, this iteration of the grant facilitated the participation of 24 family child care programs (FCCs) and two center-based programs through four learning sessions (LSs) and ongoing technical assistance (TA). Additionally, 12 FCCs that participated from previous grant years served in mentor roles, with providers from 2016-2017 as Year 1 Mentors and 2015-2016 as Year 2 Mentors. The Gretchen Swanson Center for Nutrition (GSCN) served as the independent evaluator, assessing the impacts of Step It Up on anticipated outcomes, as described in this report.

## Evaluation Approach

This evaluation employed a mixed methods approach to examine the effects of participation in Step It Up on outcomes. Outcomes were reported via self-assessment using the Nutrition and Physical Activity Self-Assessment for Child Care for Family Child Care (NAP SACC) with 2017-2018 programs and Year 1 Mentors, via interviews with 2017-2018 providers and Year 1 Mentors, and by monitoring TA received by all participating programs, including mentors.

## Major Results

### NAP SACC Outcomes

Across all 2017-2018 Step It Up programs, statistically significant improvements were made in all five NAP SACC topic areas (Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time). With Year 1 Mentors, only the area of Breastfeeding & Infant Feeding had a statistically significant improvement, although results showed general maintenance of the number of best practices met at pre-assessment compared to post-assessment across the other four topic areas.

### Qualitative Interview Outcomes

All ten providers interviewed spoke of making strides in adopting family-style dining at their programs as a result of their participation in Step It Up. Anecdotally, providers stated family-style dining had a direct positive impact on the food choices children made at meal times. Providers also said they adopted new practices to increase physical activity and provide family engagement activities at their programs. Similar to years before, providers spoke at length of the importance of collaborating with and learning from peers at LSs. In additional interviews, two Year 1 Mentors also spoke of enjoying the opportunity of convening with those in the same profession in order to share experiences and learn new ideas.

## Conclusions

Step It Up continues to provide an opportunity for providers to not only learn about childhood obesity prevention best practices and receive hands-on assistance in their implementation, but to also discuss their merit and application with peers.



# Introduction

Step It Up: Taking Steps to Healthy Success (Step It Up) employs a learning collaborative model to empower early care and education (ECE) providers to set goals and make changes toward promoting healthy environments for the children in their care. Based on the National Early Care and Education Learning Collaboratives (ECELC), developed by Nemours Children's Health System, and with financial support from the Kansas Health Foundation, Step It Up delivers instruction and real world implementation strategies to ECE providers for the adoption of policies and practices in the areas of Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time.

In the fall of 2017, the fifth grant year of Step It Up began in four regions across the state of Kansas and concluded in the summer of 2018. Similar to previous years, the 2017-2018 Step It Up grant experience was comprised of four distinct learning sessions (LSs) which were attended by providers from center-based and family child care (FCC) programs alike. LSs offered an opportunity for didactic learning, as well as peer-to-peer teaching and problem-solving. In between attending LSs, participating providers received technical assistance (TA) from regional Early Childhood Wellness (ECW) Specialists in order to put the information they learned at LSs into real world practice.

Also as a part of the Step It Up grant this year was the expanded involvement of previous grant years' participants. Year 1 (2016-2017 Step It Up providers) and Year 2 (2015-2016 Step It Up providers) Mentors were present at LSs in order to share strategies and lend expertise in adopting childhood obesity prevention best practices. Outside of LSs, mentors worked with ECW Specialists to maintain the goals they had met in previous years, as well as set new goals to work on. In addition, Year 2 Mentors were also asked to participate in local community wellness events.

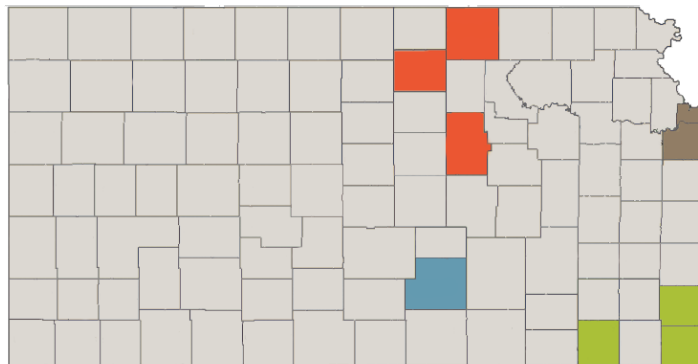
## Evaluation Approach

The Gretchen Swanson Center for Nutrition (GSCN), an independent research institution in Omaha, NE, was contracted to evaluate the fifth year of Step It Up. This report is a product of a mixed methods evaluation that examined the effects of Step It Up on outcomes through the following ways:

- 1) Analyzing outcomes from provider self-assessment via the Nutrition and Physical Activity Self-Assessment for Child Care for Family Child Care (NAP SACC) across all 2017-2018 programs that completed the grant, as well as Year 1 Mentors;
- 2) Interviewing ten 2017-2018 providers and two Year 1 Mentors about their experiences; and
- 3) Monitoring TA received by participating programs, including mentors



# By the Numbers



## Total Reach:

### 26 programs

- 24 FCC, 2 center-based
- 298 children served

### Mentors

- 7 providers from Step It Up 2016-2017
- 5 providers from Step It Up 2015-2016
- 131 children served

## Region 1

- 8 programs (7 FCC, 1 center-based)
- 3 mentors
- 127 children served
- Counties: Cloud, Dickinson, Washington

## Region 3

- 7 programs (6 FCC, 1 center-based)
- 4 mentors
- 149 children served
- Counties: Cherokee, Crawford, Montgomery

## Region 2

- 4 programs (FCC only)
- 2 mentors
- 54 children served
- Counties: Sedgwick

## Region 4

- 7 programs (FCC only)
- 3 mentors
- 99 children served
- Counties: Johnson, Wyandotte

## 5 NAP SACC Topic Areas

-  Breastfeeding & Infant Feeding (BF)
-  Child Nutrition (CN)
-  Infant & Child Physical Activity (PA)
-  Outdoor Play & Learning (OP)
-  Screen Time (ST)



## Technical Assistance (TA) Interactions

### 392 Total TA Interactions

- 306 TA interactions with 2017-2018 Providers
- 86 TA interactions with Year 1 and Year 2 Mentors

# NAP SACC

## Methods

Step It Up used the NAP SACC for Family Child Care tool for both action planning and evaluation purposes. By completing the pre-assessment at the first LS, participating programs were able to see which best practices their organization could improve upon. Programs then completed post-assessments prior to the fourth LS. Additionally, Year 1 Mentors were required to complete the NAP SACC at the end of their mentorship for comparison purposes with the NAP SACC they completed at the end of their initial participating year (Summer 2017). As the main outcome measure for the evaluation of Step It Up, NAP SACC pre-assessments and post-assessments were analyzed for change scores for both Step It Up 2017-2018 programs and Year 1 Mentors.



The NAP SACC for Family Child Care tool consists of five topic areas: Breastfeeding & Infant Feeding (22 items), Child Nutrition (44 items), Infant & Child Physical Activity (20 items), Outdoor Play & Learning (15 items), and Screen Time (12 items). Each item has four response options, ranging from noncompliance to total compliance for each specific best practice. For the purpose of this evaluation, when the response option representing total compliance was selected, the program was considered to have met the best practice (best practice met=1). If any of the other responses were chosen, the best practice was considered to be unmet (best practice not met=0). In order to align with the self-determined, pre-post design of this evaluation, programs were excluded from topic area-specific analyses if they did not respond to at least one item in both the pre-assessment and post-assessment.

It should also be noted that the NAP SACC for Family Child Care was designed for FCCs. For this study, two center-based programs participated and used the NAP SACC for Family Child and are included in this analysis.

# NAP SACC, Continued

## Results

### Step It Up 2017-2018 Programs

The results of the NAP SACC analyses for 26 ECE programs (24 for Breastfeeding & Infant Feeding) who participated in Step It Up in 2017-2018 are displayed on the right. Each line shows the number of best practices being met at pre-assessment and at post-assessment. Also shown are the differences between pre-assessment and post-assessment (i.e., the change score). Statistically significant changes are noted with asterisks.

Overall, statistically significant improvements were made in all five NAP SACC topic areas. Full tables can be found in the Appendix, while noteworthy differences are described below.

Across all areas, Step It Up 2017-2018 programs saw the greatest gains in the area of Child Nutrition. On average, programs experienced an improvement of 7.1 best practices, moving from 23.3 at pre-assessment to 30.4 at post-assessment. For the area of Infant & Child Physical Activity, programs were meeting 6.9 best practices at pre-assessment and at post-assessment reported meeting 11.0, for an average of an additional 4.1 best practices being met at grant end.

Breastfeeding & Infant Feeding, Outdoor Play & Learning, and Screen Time also saw statistically significant gains, but to a lesser degree. On average, programs were meeting 3.7 more best practices at post-assessment in comparison to pre-assessment in the area of Breastfeeding & Infant Feeding. For Outdoor Play & Learning, an average of 6.2 best practices were met at pre-assessment and 8.8 at post-assessment for an increase of 2.6. Programs reported incorporating 1.2 more best practices at post-assessment when compared to pre-assessment in the area of Screen Time.



\*p<.05, \*\*<.01, \*\*\*p<.001

# NAP SACC, Continued

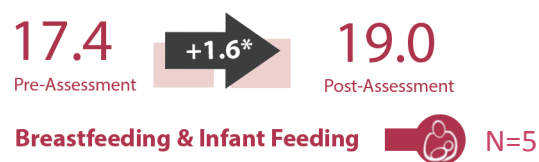
## Year 1 Mentors

The results of the NAP SACC analyses for the six Year 1 Mentors (five for Breastfeeding and Infant Feeding) are displayed to the right. Each line shows the number of best practices being met at post-assessment following their participation in Step It Up 2016-2017 (pre-assessment) and at post-assessment of their mentorship (post-assessment). Also shown are the differences between pre-assessment and post-assessment (i.e., the change score). Statistically significant changes are noted with asterisks. All results should be interpreted with caution due to the very small sample size. Noteworthy differences across Year 1 Mentor self-assessments are described below.

Overall, statistically significant improvements were made only in the area of Breastfeeding & Infant Feeding. Year 1 Mentors experienced improvement in almost two full best practices in moving from 17.4 best practices on average at pre-assessment to 19.0 at post-assessment.

Across all Year 1 Mentors, change scores in the areas of Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time trended negatively, albeit minimally. The largest change was reported in Outdoor Play & Learning at just over one less best practice being met at post-assessment in comparison to pre-assessment. Due to the small sample size of Year 1 Mentors, minimal decreases in change scores, and emphasis on sustainability throughout their mentorships, these data may be interpreted as Year 1 Mentors maintained the number of best practices met in these areas instead of a decline. Also of note are the high pre-assessment scores in all areas which may indicate that Year 1 Mentors may not have had capacity to increase their scores.

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\*p<.05, \*\*<.01, \*\*\*p<.001



# Qualitative Interviews

## Step It Up 2017-2018 Providers

### Methods

Qualitative interviews were conducted with Step It Up 2017-2018 providers to add more contextual information to assist in explaining and interpreting findings from the NAP SACC, to enhance the ability to describe the strengths of Step It Up, and to make meaningful recommendations. Providers were contacted via email and phone, and invited to participate in a 30-minute phone interview. Those who agreed to participate were asked a variety of questions about their involvement in Step It Up, with a particular emphasis on the changes they made with their programs' policies and practices. Ten interviews were conducted, audio-recorded, transcribed, and coded for themes as reported below.

### Results

#### Setting Goals and Making Changes

As part of their participation in Step It Up, providers were encouraged to set goals to strengthen their programs' policies and practices in order to foster healthy habits among the children under their care and the families that they served. Across all interviews, providers commented on how they set goals and made changes in all areas of the NAP SACC. Particularly popular among providers were the adoption of family-style dining, new physical activity practices, and family engagement.



#### Family-Style Dining

All 10 providers spoke about implementing family-style dining at their programs. According to providers, content on the importance and benefits of family-style dining were emphasized at LSs and implementing the practice was encouraged by their ECW Specialists. However, providers stated that often times family-style dining did not become a habitual mealtime experience overnight. Providers spoke of their ECW Specialist's in-person, mealtime guidance, as well as the family-style dining resources of child-sized serving utensils,

dishes, and pitchers, as not only being motivating factors to take on the new practice, but also as keys to their general success. Providers also stated how important it was to be patient with the process. For many providers, adopting family-style dining first meant having the children practice pouring and serving during playtime, then moving to self-serving at snacks, and finally implementing full family-style dining at meals.

# Qualitative Interviews, Continued



*“The kids did so well with it I was like, ‘Well, why not? This is going so much better than I thought and we’re just practicing.’ So, you know, we went into it slowly by practicing and doing one meal a day and then two.”*

*“Well, I think honestly the free gifts set us up to try it. And then, we kind of used the free gifts and did some practice skills. So, during like morning time where they had some centers and free time, I introduced some different activities using the things that we were going to use in family-style dining. By practicing those things that were their size and size appropriate, and I didn’t have to search out where they were and spend a bunch of money, that really encouraged me.”*

Barriers to implementing family-style dining were also mentioned. Some providers stated that executing the new practice meant adopting better time management on their part or modifying their program’s eating areas (i.e., buying a new table). Most commonly, providers stated that the children made the process more complicated, but that they understood family-style dining was a new experience for them and that a learning curve was expected.



*“Spilling milk... Getting the kids to not use the serving spoon to eat with. Your typical kid thing. Don’t sneeze in that. Those kinds of things. They don’t know. They’re learning.”*

Wide ranging benefits and impacts of family-style dining were mentioned by providers, and to some, these came by surprise. Most commonly, providers said children were becoming more adventurous in their eating. Two providers gave detailed accounts of individual children in their care who were slowly branching out and trying new foods that they had avoided in the past, citing the children having more ownership of the food on their plates as the reason they were trying healthier foods. Additionally, providers spoke of the effect implementing family-style dining at their programs had on the meal time experiences of the families they served.



# Qualitative Interviews, Continued



*"Families were impressed and they were definitely willing to give it a go at home. Especially since they were having some picky eating problems at home..."*

*"When we started family-style dining, all my parents were coming in and asking me what this was because the kids were going home and telling their parents that they served themselves and they wanted to do it at home too."*

## Physical Activity

Many providers spoke of incorporating more physical activity into their daily routines. A variety of new physical activity practices were mentioned. For a couple of providers, increasing the amount of physical activity children received was of importance, whereas others emphasized the amount of structured, group activities they implemented. One provider stated that the discussion around indoor physical activity at the LS was a lightbulb moment.



*"Actually, the physical activity was something that I really didn't think too much about being indoor. I was thinking more of physical activity being outdoors. But with some of the games and stuff that we learned and we talked about, it made me realize, you know, they can have physical activity indoors along with outdoors. So like, when the weather's bad, we can still do physical activity, like movements, and get exercise."*

# Qualitative Interviews, Continued

Again, providers stated the resources they received as part of their participation in the grant were great facilitators to adopting new practices. According to providers, the new ideas shared by ECW Specialists and their peers sparked their imaginations, and the physical activity kits and books helped them put it all into practice. Other providers were inspired by the new activities to purchase their own materials to facilitate group activities.



*“With our parachute, we’ve been going out and doing things like that and doing the yoga. Oh, they love the yoga, the yoga cards. They love those, but they can’t always do it just right, but at least they’re moving, so that’s good.”*

Those that spoke of incorporating more physical activity at their programs also stated that the children really enjoyed the new games and activities. Providers mentioned that not only were they increasing the amount of physical activity they were providing, but also increasing children’s interest and overall level of excitement in being active with their peers.



*“Well, they’re anxious to do the things that we do inside, rather than just having free play time. They want to do activity cubes or they want to do the obstacle course. ‘Can we set the obstacle course up?’ And that kind of thing. They seem to be more excited about exercise than they were before.”*

*“It seems to be more of a group effort. Like (before), certain kids would just play by themselves. And now, it’s like they go to the other kids and play, instead of either by themselves or with a certain few. You know, they try to move around to play with everybody.”*



# Qualitative Interviews, Continued

## Family Engagement

When prompted to speak about their program's level of family engagement prior to their involvement Step It Up, providers spoke of interacting with the families of the children they cared for at differing levels. Many providers said they communicated with parents through social media, newsletters, or verbal communication in passing. Three providers stated that their engagement was non-existent, citing difficulties with gaining parents' interest in participating or finding a good time to hold a meeting or plan an activity.



A majority of providers stated that they did adopt a new family engagement practice or hold a family gathering as part of their participation in Step It Up. A couple of providers said that they began sharing newsletters or educational materials on child nutrition and physical activity with families. Others described holding parent cafés, in which families were invited to participate in an activity, such as learning about the amount of sugar in common drinks or watching their children self-serve in a family-style dining activity. An interesting outcome from the parent cafés mentioned by providers was the new relationships being formed between the families.



*"My families absolutely loved the parent café. They loved being able to get to visit and talk with the other parents that have kids that go here. I'm like, 'Their kids are together all the time, but they only see each other at drop-off and pick-up.' So (after), they asked if there was another family event like that."*

*"I got a great turnout, and I think that it has made my families more lax with one another, like they're more willing to stop and say hello, or have a bit of a conversation."*

# Qualitative Interviews, Continued

## Learning with Peers from Peers

Overall, providers had positive things to say about participating in Step It Up. Many mentioned that they liked the general nutrition and physical education they received at LSs, as well as the supplementary resources they were given to facilitate reaching their goals. Overwhelmingly, providers commented on how much they enjoyed the collaborative opportunity of meeting with other local providers. One provider mentioned how when the grant began everyone was a stranger, but as time passed interactions and sharing among participants increased. Another provider stated that she and two other participants had continued the friendship formed at the LSs by getting together for dinner. Overall, the ability to discuss shared obstacles with peers and learn from what others in the field had experienced – and to continue to do so after the grant’s end - was a big part of how successful providers viewed Step It Up.



*“It was kind of a nice network of this region of daycare providers, so it gave me an outlet to may be send them an e-mail or a message and say, ‘Hey, I’m having a problem with this,’ or ‘Hey, what do you guys do about this?’ So that’s kind of nice to have a stronger network.”*

*“It’s huge, I think more than I realized, because this is actually the first one I’ve done where we’ve met with the same providers throughout the year, and the thing I like about it so much is home daycare can be an isolating job, where I’m the only one here with all these kids. And so to be able to just have somebody to talk to (and say), ‘I get it, the kids are crazy.’”*

## Interaction with Mentors

Nine providers spoke about interacting with Step It Up mentors. Most providers’ interactions with mentors occurred during LSs, while some also described occasional contact via phone, email, and Facebook. During the LSs, mentors facilitated conversations with providers, led group activities, and supported ECW Specialists. One provider said that the mentors seemed like part of the group and that each mentor had a niche topic area they could provide guidance on. For example, the provider stated that one mentor was more experienced in family-style dining, while another was more involved and passionate about creating outdoor play spaces.

# Qualitative Interviews, Continued

During LSs, mentors shared their experiences in their prior participation in Step It Up. According to providers, mentors recalled what it was like to set and implement goals, discussing various facilitators, challenges, and outcomes as a result of those goals. Providers expressed that they liked hearing about the mentors' experiences, could easily relate to them, and felt supported by the mentors.



*"They provided examples that they do in their daycares. They were all very personable, but they also kind of rooted you on."*





# Qualitative Interviews, Continued

## Step It Up Year 1 Mentors

### Methods

Interviews were conducted to describe mentors' participation and experiences in Step It Up. Mentors were contacted via email and phone and invited to participate in a 30-minute phone interview. GSCN originally sought to conduct two case studies, with one Year 1 Mentor and one Year 2 Mentor. Despite multiple contact attempts, GSCN was unable to recruit a Year 2 Mentor and instead conducted interviews with two Year 1 Mentors. The mentors who agreed to participate were asked a variety of questions about changes they made and/or sustained from with their programs' policies and practices, as well as their execution of Step It Up mentor requirements. Two interviews were conducted, audio-recorded, transcribed, and coded for themes as reported below.

### Results

#### About the Mentors

Both providers were Year 1 Mentors, having participated in last year's Step It Up grant year. One Mentor was the owner and operator of a FCC in Region 1 and the other in Region 3. Both mentors said they cared for 7-10 children with ages ranging from infants to school age.

#### Providing Peer Support

Each mentor described having provided peer support to Step It Up providers during and outside of LSs. One mentor specifically focused on instructing providers about Breastfeeding & Infant Feeding as she had experience as a breastfeeding educator. The other mentor spoke of being on-site during LSs to generally contribute to conversation, answer questions, and give feedback. Additionally, the mentor was also active on her region's Facebook page fielding questions about topics such as how to incorporate more physical activity throughout the day and implementing family-style dining.



*"... anytime I had a question, or I knew somebody was working through something, I'd message them on there (Facebook), or text, or email about any questions they had in the class. I let them know that I was more than open to talking to them about this."*

Both mentors stated that providing the peer support was their favorite part of their mentorship. Having a time and place to connect with others who also worked with children was seen as very valuable. One mentor described Step It Up as a great way to share ideas and that she would participate again given the opportunity.



# Qualitative Interviews, Continued



*"No matter what city or county you're in, we encounter a lot of the same things working with children and parents. I mean, that's reassuring that we all kind of have the same challenges sometimes."*

## Engaging with Families

The mentors each described ways in which they interacted with the families of the children they cared for, albeit via different methods. One mentor described holding a parent café. According to the mentor, the parent café provided an opportunity for families to learn about the changes she was making to her program as a part of her mentorship. She stated that the parent café was well attended and that the families were impressed with the skills children were learning as a result of the newly adopted practices.



*"And I think they were surprised at how much they will do for themselves here. Like I explained to them that when we eat lunch and they get done, they pick up their silverware. They put their cups in the sink. They throw their plates in the trash. They go in and if they're big enough, they wash their own hands. And their parents just looked at me ... and I told them I make them pick up after themselves. And they look kind of shocked."*

The other mentor spoke of engaging with families through both handing out an Early Childhood Wellness Newsletter and creating a family resource board. When speaking of the newsletter, the mentor said she gave families the newsletter at pickup time and tried to discuss its content, but didn't believe all families read it. Additionally, the mentor stated that families' interest in the resource board also varied as some were generally more engaged than others. Despite this mixed review from families, the mentor said the board itself was a way great way to promote her accomplishments.



## Setting and Sustaining Goals

The mentors spoke of both sustaining goals set in their original year of Step It Up participation and setting new goals. One mentor stated she worked on maintaining her initial goals related to screen time and family-style dining. Similarly, the other mentor stated she was newly working on family-style dining and also incorporating more physical activity.

# Technical Assistance (TA)

Providers and mentors received TA from their ECW Specialists in between LSs. TA was intended to guide providers and mentors as they made changes to their program's policies and practices throughout Step It Up. TA was also tailored according to program needs, and included support, encouragement, and information and resource distribution to providers and mentors.

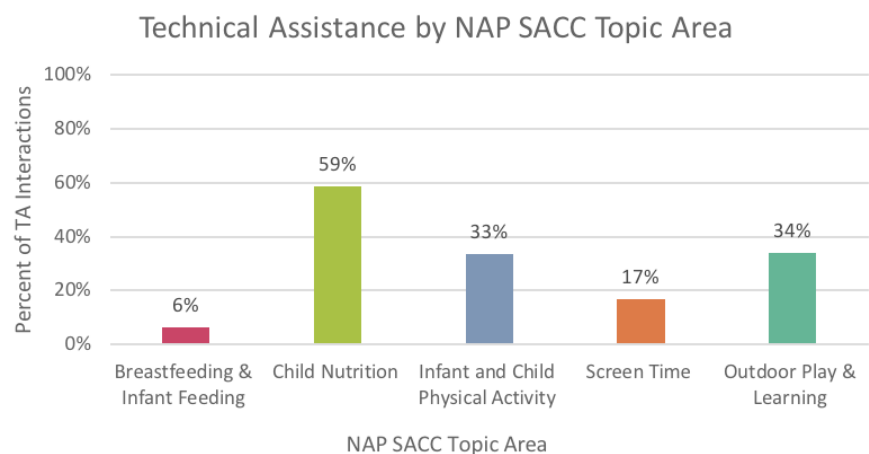
## Methods

ECW Specialists completed measurement forms for each TA interaction in order to track and describe how the TA was delivered. ECW Specialists electronically recorded mode (onsite, offsite, phone, email); mentor status; coaching area (NAP SACC, Story Board, Family Engagement Event, Quality Improvement Plan); and NAP SACC topic area (Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, Screen Time). TA instances were submitted via Microsoft Excel and compiled and analyzed using descriptive statistics.

## Results

Throughout Step It Up, ECW Specialists provided a total of 437 instances of TA, with 343 to providers and 86 to mentors. On average, providers received 13 and mentors received 8 TA interactions. Most TA occurred onsite (75%), while the remainder of TA was provided by email (14%), phone (6%), and offsite (5%). TA regarding the Quality Improvement Plan (55%) and Family Engagement (39%) were the most common. Child Nutrition (59%) and Outdoor Play & Learning (34%) were the most common NAP SACC topic areas addressed in TA.

*"I think the most helpful thing for me was her actually physically coming to my childcare and sitting down with me and discussing my goals and what I thought was important and what I felt needed to be changed. And she was sincere and actually listened and gave very positive feedback and suggestions on how I could make those improvements."*





# Conclusions & Recommendations

In its fifth year, Step It Up continued to show positive results in not only promoting new obesity prevention practices and policies, but also in providing a space for ECE providers to share experiences and gain knowledge. Across all Step It Up 2017-2018 programs, statistically significant changes were made in the areas of Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time, demonstrating the effectiveness of Step It Up's didactic instruction, goal setting, and TA on improving programs. Providers spoke at length about the changes they made in their programs during interviews, especially highlighting the incorporation of family-style dining and increased physical activity.

Year 1 Mentors experienced statistically significant gains in the number of best practices being met at the end of the grant compared to their pre-assessment in the NAP SACC area of Breastfeeding & Infant Feeding. Additionally, analyses showed a general maintenance of scores in other NAP SACC areas which may indicate the emphasis put on sustaining previous goals through goal setting and TA was successful. However, because of the small sample size among this group, NAP SACC results should be interpreted with caution.

Like in previous years, Step It Up focused on teaching providers to strengthen their program's family engagement by requiring family engagement activities of both providers and mentors. Interviews showed a mix of implementation successes which may be an effect of general parent interest or mode of engagement. Providers who were successful mentioned the additional product of family engagement of new relationships among the families of the children in their care.

As has been the case with each iteration of Step It Up, providers and mentors spoke of the importance of being able to meet as a group of professionals at LSs. LSs offered the opportunity to share common struggles and brainstorm new ideas. Additionally, mentors were on hand at many LSs to relate to providers about setting goals and making changes.

Based on these evaluation findings, it is recommended that Step It Up continue to be offered to ECE programs across the state of Kansas as an opportunity to not only learn about childhood obesity prevention practices and policies, but as a venue for peer-to-peer learning. In future iterations, Step It Up should continue to focus on the areas of Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time, but also put a greater emphasis on strategies to foster healthy relationships with families. Mentors may also continue to be a part of the next iteration of Step It Up, but could possibly be used in a greater role at LSs to provide real life application of goal setting and adopting healthful policies and practices.

# Appendix

## Differences in Changes in Scores of Best Practices for Breastfeeding & Infant Feeding Being Met across ECE Programs per Subsamples, NAP SACC (n=24)

	Pre	Post	Change	P value <sup>a</sup>
<b>Overall</b>	11.4	14.5	3.7	0.0001***
<b>CACFP</b>				
Yes	12.0	15.2	3.3	0.3956
No	7.7	10.8	6.7	
<b>Accredited</b>				
Yes	12.5	13.0	0.5	0.2804
No	11.3	14.7	4.0	
<b>Non-Profit</b>				
Yes	9.0	6.5	-0.3	0.0116*
No	11.8	16.0	4.3	

NOTE: Analysis included ECE programs that responded to at least one item in the Breastfeeding section of NAP SACC at baseline and at least one item in post-assessment. \*p<.05, \*\*p<.01, \*\*\*p<.001

<sup>a</sup>Adjusted for NAP SACC baseline score

## Differences in Changes in Scores of Best Practices for Child Nutrition Being Met across ECE Programs per Subsamples, NAP SACC (n=26)

	Pre	Post	Change	P value <sup>a</sup>
<b>Overall</b>	23.3	30.4	7.1	<.0001***
<b>CACFP</b>				
Yes	24.3	31.8	7.5	0.1993
No	17.8	22.2	4.8	
<b>Accredited</b>				
Yes	23.0	31.5	8.5	0.6032
No	23.3	30.3	7.0	
<b>Non-Profit</b>				
Yes	22.8	26.0	3.3	0.0323*
No	23.4	31.2	7.8	

NOTE: Analysis included ECE programs that responded to at least one item in the Child Nutrition section of NAP SACC at baseline and at least one item in post-assessment. \*p<.05, \*\*p<.01, \*\*\*p<.001

<sup>a</sup>Adjusted for NAP SACC baseline score



# Appendix, Continued

## Differences in Changes in Scores of Best Practices for Infant & Child Physical Activity Being Met across ECE Programs per Subsamples, NAP SACC (n=26)

	Pre	Post	Change	P value <sup>a</sup>
<b>Overall</b>	6.9	11.0	4.1	<.0001***
<b>CACFP</b>				
Yes	7.4	11.6	4.2	0.3403
No	4.3	7.8	3.5	
<b>Accredited</b>				
Yes	9.0	13.5	4.5	0.6566
No	6.8	10.8	4.1	
<b>Non-Profit</b>				
Yes	2.8	5.8	3.0	0.0870
No	7.7	12.0	4.3	

NOTE: Analysis included ECE programs that responded to at least one item in the Physical Activity section of NAP SACC at baseline and at least one item in post-assessment. \*p<.05, \*\*p<.01, \*\*\*p<.001

<sup>a</sup>Adjusted for NAP SACC baseline score

## Differences in Changes in Scores of Best Practices for Outdoor Play & Learning Being Met across ECE Programs per Subsamples, NAP SACC (n=26)

	Pre	Post	Change	P value <sup>a</sup>
<b>Overall</b>	6.2	8.8	2.6	<.0001***
<b>CACFP</b>				
Yes	6.4	9.1	2.7	0.3554
No	5.3	7.0	1.8	
<b>Accredited</b>				
Yes	6.0	6.0	0.0	0.0879
No	6.2	9.0	2.8	
<b>Non-Profit</b>				
Yes	4.8	6.5	1.8	0.3123
No	6.5	9.2	2.7	
<b>Home or Center</b>				0.8703
CBCC	5.0	7.5	2.5	
FCC	6.3	8.9	2.6	

NOTE: Analysis included ECE programs that responded to at least one item in the Outdoor Play section of NAP SACC at baseline and at least one item in post-assessment. \*p<.05, \*\*p<.01, \*\*\*p<.001

<sup>a</sup>Adjusted for NAP SACC baseline score

# Appendix, Continued

Differences in Changes in Scores of Best Practices for Screen Time Being Met across ECE Programs per Subsamples, NAP SACC (n=26)

	Pre	Post	Change	P value <sup>a</sup>
<b>Overall</b>	4.0	5.4	1.2	0.0046**
<b>CACFP</b>				
Yes	4.1	5.0	0.9	0.1455
No	3.3	5.8	2.5	
<b>Accredited</b>				
Yes	3.5	2.5	-1.0	0.0920
No	4.0	5.3	1.3	
<b>Non-Profit</b>				
Yes	3.0	4.3	1.3	0.9882
No	4.1	5.3	1.1	
<b>Home or Center</b>				
CBCC	2.5	5.0	2.5	0.3523
FCC	4.1	5.1	1.0	

NOTE: Analysis included ECE programs that responded to at least one item in the Screen Time section of NAP SACC at baseline and at least one item in post-assessment. \*p<.05, \*\*p<.01, \*\*\*p<.001

<sup>a</sup>Adjusted for NAP SACC baseline score