**Activity 2. Balancing Effectiveness with Potential for Implementation**

You are selecting an evidence-based intervention to prevent obesity in 2-to-5 year old children in a rural, predominantly Latino/a population. Review the table summarizing information about the NAP SACC intervention from websites and peer reviewed publications. How would you rate the evidence in support of NAP SACC’s effectiveness at preventing obesity in 2 to 5 year olds? In Latino/a 2 to five year olds? What is the evidence in support of NAP SACC’s potential for implementation? What additional questions would you ask your engaged stakeholders to determine NAP SACC’s potential for implementation?

**Applying Criteria to Assess Evidence in Support of NAPSACC**

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| --- | --- |
| **Criteria** | **Findings** |
| **Evidence for Effectiveness** | |
| **Methods Used to Test Intervention Effects** | Tested in four randomized control trials with sample sizes of 17, 26, 31 and 82 childcare centers. Changes to childcare policies and practices were measured using a reliable and valid measure. |
| **Consistency of Findings Across Studies** | Positive effects on childcare program’s physical and nutrition policies and practices are consistent across most studies. Effects on children’s dietary intake and levels of physical activity are mixed. |
| **Magnitude of Effects** | Childcare centers achieved an 11% improvement in their Environment and Policy Assessment and Observation instrument scores following the interventions. |
| **Effectiveness Across Subpopulations** | NAPSACC has been tested and shown to be effective in multiple states including North Carolina, Maine, Arizona, and Louisiana and with rural and American Indian populations. NAPSACC has been tested and found to be effective in childcare centers in rural and low-income communities and with populations ranging from 54% to 67% non-white. |
| **Degree to which Findings are Current** | The current body of knowledge on NAPSACC was generated from 2008 to 2020. |
| **Evidence of potential for implementation in real world practice (RE-AIM)** | |
| **Reach** | In the United States, nearly 75 percent of children spend time in day care, giving NAPSACC potential to reach a large number of children. |
| **Adoption** | In a statewide evaluation study, 73% (41/56) of invited childcare settings agreed to adopt NAP SACC. The intervention has also been successfully adapted and adopted in multiple states and countries. |
| **Implementation** | ***Fidelity:*** Childcare providers have reported that the intervention was feasible and acceptable and was implemented as planned. NAPSACC has been successfully implemented in multiple states and countries.  ***Costs*** to implement NAPSACC include:   * Staff – A healthcare professional (consultant) working 1.5 hours per week over a 6-month period is required for each facility in the program. The consultant should attend a virtual, 4-hour training. * Materials – One tool kit is needed per consultant; material costs per tool kit are approximately $30. Costs of printing additional handouts and brochures should be included. Other costs include a laptop, projector, incentives for childcare facilities (i.e., books, classroom supplies), and mileage reimbursement.   ***Readiness for use*:** NAPSACC provides ready-to-use intervention materials and technical support. |
| **Maintenance** | No information is available on whether day cares have maintained NAPSACC. |
| Abbreviations: NAPSACC, Nutrition and Physical Activity Self-Assessment for Child Care; RE-AIM, Reach, Effectiveness, Adoption, Implementation and Maintenance.  Citations: (Alkon et al., 2014; Battista et al., 2014; Benjamin et al., 2007; Bonis et al., 2014; Langford et al., 2019; Predy et al., 2021; Ward et al., 2008, 2017) | |

**Reach**

* In prior studies of the intervention, did the EBI reach the intended population (Number who participated? Proportion of eligible population that participated?)
* Was the intervention’s reach equitable across subpopulations? Did it reach those at greatest risk?
* Do local stakeholders think this intervention has strong potential to reach the intended population?

**Adoption**

* Do prior studies provide guidance on factors that may influence adoption?
* If we were to select this EBI, what organizations would make the decision to adopt and what types of professionals or lay people would implement and deliver the EBI?
* How receptive do local stakeholders think those organizations and individuals will be to adopting this intervention?

**Implementation**

* Do prior studies of the EBI provide evidence that it was implemented as intended (with fidelity) in real world settings?
* What resources are required to implement the EBI? Is there information on how much it will cost?
* Are intervention materials and implementation protocols available in ready-to-use formats?
* Do stakeholders view implementation as feasible in intended organizations or settings?

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