ABSTRACT

SULLIVAN, MADISON LAWSON. North Carolina Technical Assistance Consultants Experiences with Go NAPSACC: Implementation Challenges and Opportunities for Improvement. (Under the direction of Dr. Virginia C. Stage).

This study aimed to understand the lived experiences of Go Nutrition and Physical Activity Self Assessment for Child Care (NAPSACC) Technical Assistance (TA) Consultants in relation to their use of the tool to help childcare providers improve the health of young children through physical activity and nutrition-related practices, policies, and environments in North Carolina (NC) (n = 10). More specifically, the study examined how TA Consultants experience success, what barriers they face in implementing the tool, and what support they need to implement the tool effectively. A phenomenological qualitative design was employed, with additional quantitative data collected through a pre-interview survey. Ten Go NAPSACC TA Consultants employed in the state of NC were interviewed using semi-structured in-depth telephone interviews. To participate in the study, individuals had to be trained as a Go NAPSACC TA Consultant, at least eighteen years old, have implemented the Go NAPSACC tool with at least one childcare program, and agree to participate willingly in the study. Results showed that TA Consultants defined their roles and operated in various ways – with some choosing a hands-on consulting model and others providing only resources. Consultants expressed frequent challenges in navigating the current childcare climate, which was described as one characterized by high staff turnover, limited financial resources, and time constraints, as well as difficulties in integrating Go NAPSACC into their full-time job responsibilities. Support in these particular areas was desired. Success was experienced differently by each consultant, with the connecting feature being that the consultants felt successful if they perceived themselves as achieving a personal goal. Ultimately, the Go NAPSACC intervention, as perceived by Go

NAPSACC TA Consultants, is one in which there is enough variability in implementation that it may affect the tool's effectiveness. Providing more precise definitions of a TA Consultant's role may improve the overall experience for consultants, as well as increase the likelihood of achieving the intervention's goal of improving health-related policies and practices of childcare centers in NC.

NC Technical Assistance Consultants Experiences with Go NAPSACC: Implementation Challenges and Opportunities for Improvement.

by
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BIOGRAPHY

Madison Lawson Sullivan grew up in the foothills of Northwestern, North Carolina. Her passion for food security led her to pursue a Bachelor's degree in Agroecology at North Carolina State University where she focused on community food systems. This course of study combined with her commitment to the family institution and health throughout the lifespan propelled her to pursue a Master's degree focused on family and community science. Her motivation to bring positive changes in the field of early childhood education comes from her childhood in a rural area where family struggles are often pushed under the rug and families and children do not receive the resources they need. Her belief that she can make an impact on this issue was strengthened by her work on this project.

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AUTHORSHIP STATEMENT

The student is the sole author of this thesis. Dr. Virginia Stage, Dr. Pauline Grist, and Dr. Brenna Kirk contributed to the conceptual design of the study. Dr. Grist also acted as the second coder during data analysis. Dr. Stage, Dr. Grist, and committee members Dr. Dara Bloom and Dr. Tamara Young reviewed the draft manuscript and provided feedback.

Chapter 1: Introduction

Statement of Problem

Overweight and obesity in children under the age of five is an established public health crisis. According to the most recent statistics, nearly three million children under five in the United States were obese as of 2017 (ChildStats, 2017; Centers for Disease Control and Prevention, 2024a). In the same year, 39 million children under five were considered overweight (Mohseni & Aryankhesal, 2021). However, it is important to understand that obesity and overweight do not exist in isolation. That is to say that individuals who are socially disadvantaged are more likely to exist in systems that expose them to influences, such as living in a food desert, that increase their chances of developing obesity (Kumanyika, 2017; Orr et al., 2024). An ideal solution to the problem of early childhood obesity takes into account these systems-level influences.

Many interventions have been created to address the public health crisis of rising obesity rates in preschool-aged children in both the home and early childhood education (ECE) settings. The ECE setting is increasingly important, as the United States Department of the Treasury reported in 2021 that children spend an average of thirty hours per week in childcare programs (US Department of Treasury, 2021). Taking this into account, characteristics of successful interventions include those that take place in ECE settings, those that address behaviors such as physical activity, diet, and screen time, and those that address ECE center policies (Sisson et al., 2016; Ward et al., 2017; Wolfenden et al., 2020).

Researchers at the University of North Carolina at Chapel Hill combined these characteristics into a single intervention and developed an online tool called the Go Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC) (Clarke et al., 2023). This assessment was designed to facilitate improvements in childcare programs' practices, policies, and environments to promote the health of young children in North Carolina (NC). It should be noted that the research group responsible for Go NAPSACC's creation initially had a name that was not representative of the systems-level work they were doing: "The Children's Healthy Weight Research Group." In 2024, they changed their name to "the Community Health and Wellness Resource Team," a name that better represents the complexity of working on a health equity issue like obesity (UNC Center for Health Promotion and Disease Prevention, 2024).

The online Go NAPSACC tool works to achieve the goal of reducing early childhood obesity by utilizing trained Technical Assistance (TA) Consultants who guide Early Childhood Education (ECE) center directors and staff through a five-step process known as the Go NAPSACC cycle (West et al., 2023). Each cycle consists of the following steps: 1) an initial self-assessment, 2) goal creation based on the results of the self-assessment, 3) action plan development, 4) targeted training on the identified goals supplied by Go NAPSACC's educational library, and 5) a second self-assessment to determine what progress was made (West et al., 2023). Completing an entire cycle is referred to as compliance (Willis et al., 2022). As of 2025, Go NAPSACC comprises eight modules: child nutrition, infant and child physical activity, social and emotional learning, breastfeeding and infant feeding, Farm to ECE, oral health, outdoor play and learning, and screen time (West et al., 2023; Go NAPSACC, 2025).

Go NAPSACC stands apart from other ECE obesity prevention tools due to its focus on childcare programs' practices, policies, and environments, rather than direct education. The tool can be completed autonomously or with the assistance of a certified Go NAPSACC TA Consultant. During training, TA Consultants are informed about the CDC-approved best practices and trained on how to implement the tool in partnership with ECE centers, including providing support and guidance as programs move through the five steps (R. Rairigh, personal communication, February 14, 2025; West et al., 2023). TA Consultants also have access to continued training and education through Go NAPSACC's virtual library of consultant resources, webinars, and newsletters (R. Rairigh, personal communication, February 14, 2025). This approach differs from other gold-standard tools focused on practice, policy, and environmental improvements, which employ less collaborative methods by providing trained consultants to evaluate the ECE center without director or staff involvement (Ward et al., 2008).

The rationale for adopting a collaborative approach, where TA Consultants work with ECE center directors and staff, is designed to increase the likelihood of compliance with the complete assessment. However, non-compliance, when programs do not complete the second self-assessment, remains a significant challenge for Go NAPSACC implementation (Willis et al., 2022). Non-compliance can be caused by several factors, including whether an ECE program receives subsidies, whether it has completed a Go NAPSACC cycle before, and whether it has created an action plan for its goals (Willis et al., 2022). In NC, unpublished data collected by the Go NAPSACC team from January 1st, 2022, to August 6th, 2025, indicated a non-compliance rate of 43%. Previous research has found that working with a TA Consultant can increase compliance, despite the previously mentioned factors, depending on the quality of interactions between the TA Consultant and the ECE center (Chiappone et al., 2018).

Examining the role of TA Consultants and their unique barriers, as well as the support they need, may shed light on what causes non-compliance. Additionally, it is possible to learn how non-compliance can be avoided by studying the lived experience of TA Consultants who have worked with programs that have completed a Go NAPSACC cycle, as well as those who have not.

Statement of Purpose

This study will explore the lived experiences of Go NAPSACC Technical Assistance (TA) Consultants in NC as they support early care and education (ECE) programs in improving health-related practices, policies, and environments for preschool-aged children. Specifically, it will examine the factors that facilitate or hinder consultants' use of the Go NAPSACC tool, with attention to common challenges encountered in implementation and the types of supports, such as training, resources, and system-level structures, that enable effective use of the five-step improvement cycle. By documenting these experiences, the study aims to identify strategies to strengthen TA supports and enhance the effectiveness of Go NAPSACC in promoting child health in ECE settings.

Research Questions

Primary Research Question: What factors influence trained Technical Assistance Consultants' use of Go NAPSACC as a tool to help childcare providers improve the health of young children through practices, policies, and environments in North Carolina?

Secondary Research Questions:

a. How do Go NAPSACC TA Consultants describe successful experiences in implementing the Go NAPSACC tool with ECE programs?
b. What challenges do TA Consultants encounter in supporting ECE programs with the Go NAPSACC improvement cycle?
c. What types of training, resources, and system-level supports do TA Consultants identify as necessary for effective implementation?

Rationale for Phenomenology

This study will utilize a phenomenological approach. This research framework is based on social constructivist philosophical assumptions, the belief that humans construct their own understandings of the world based on their personal experiences (Adom et al., 2016). Using this approach, the study can explore, interpret, and identify human experiences and perceptions of a particular phenomenon in light of their diverse and multifaceted nature (Creswell, 2007). This study design aimed to explore the complexity of participants' perspectives on their lived experiences, the "what" and the "how"-of implementing the Go NAPSACC tool. The goal is to capture participants' firsthand descriptions of their experiences. In line with this approach, the graduate research assistant will engage in the required pre-interview step of bracketing, setting aside their own personal experiences to understand the participant's experiences without personal interpretations (Davidov & Russo-Netzer, 2022). In addition to this, the researcher will also engage in memoing, also referred to as "reflexive commentary," and data triangulation (Shenton, 2004). This will allow the researcher to gain an unbiased perspective on the phenomenon under investigation (Creswell, 2007).

Limitations and Assumptions

Limitations

The limitations of this study are related to its reliance on participants' ability to recall past events. Results depend on what participants recall about their training experiences, interactions with ECE centers, and the factors that contributed to success or failure. Additionally, the study's focus on NC may limit the generalizability of its results to other states that use Go NAPSACC. Finally, it is essential to note that this study will not be able to capture the full breadth of TA

Consultant lived experiences, as only the perspectives of TA Consultants who agree to participate in this study will be analyzed.

Assumptions

1. It is assumed that Go NAPSACC TA Consultants encounter challenges in guiding ECE centers to full compliance with the program.
2. It is assumed that understanding compliance issues from the perspective of TA Consultants will result in solutions that decrease non-compliance (Chiappone et al., 2018).

Operational Definitions

1. **NAP SACC (paper-based):** Nutrition and Physical Activity Self-Assessment for Child Care, an assessment created to address the public health crisis of rising obesity rates in preschool-aged children by facilitating improvements in childcare programs' practices, policies, and environments.
2. **Go NAPSACC:** The online version of the Nutrition and Physical Activity Self-Assessment for Child Care.
3. **ECE:** Early Childhood Education, center-based or family childcare home settings where infants, toddlers, and preschoolers (children ages 0-5) receive care and education.
4. **Center Director:** An individual who leads and manages an Early Childhood Education center.
5. **TA Consultant:** Technical Assistance Consultant, an individual who has been trained by the Go NAPSACC organization to assist ECE centers and center directors with implementing the Nutrition and Physical Activity Self-Assessment for Child Care.

6. **Self-Assessment:** The first step of the Go NAPSACC process involves an ECE center director taking a test to determine their center's standing in relation to Go NAPSACC's best practices.
7. **Non-Compliance:** When an ECE center participating in Go NAPSACC fails to complete a second self-assessment to determine the progress made on their goals (Willis et al., 2022).
8. **Go NAPSACC Modules:** Sections of Go NAPSACC that focus on specific topics and their best practices.

Chapter 2: Literature Review

Introduction

This chapter reviews the literature focusing on the Go Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC) and its implementation.

The Need for an Equitable Approach to Early Childhood Obesity Prevention

Childhood obesity is an epidemic-level problem for preschool-aged children. In 2017, there were roughly twenty-three million children between the ages of 2 and 5 in the United States (US); the most current obesity statistic for the children in this preschool age range is just under thirteen percent (ChildStats, 2017; Centers for Disease Control and Prevention, 2024a). This means that nearly three million children under five were obese as of 2017. Nader et al. (2006) reported a direct correlation between obesity in the preschool years and obesity in adolescence, and Cunningham et al. (2014) found that a child who is overweight before kindergarten has a four times greater risk of being obese in adolescence compared to a normal-weight child. Together, these studies indicate that a child is likely to remain obese if they are obese at any point in their lives.

Overweight and obesity are considered problematic conditions because of their related comorbidities–“dyslipidemia, [Type II Diabetes], hypertension, coronary heart disease, stroke, gallbladder disease, respiratory problems, sleep apnea, osteoarthritis, and some cancers” (Apovian, 2016). These issues are particularly pronounced in children under five years old, as the preschool years are pivotal for development throughout the lifespan. Cawley and Spiess (2008) found that obesity in young children between two and three years old correlates with lower skill attainment in the realm of “verbal skills, activities of daily living, motor skills, and social skills.” As development throughout the lifespan builds on previously acquired skills and abilities, children must attain verbal, motor, and social skills within the expected timeframe to the expected extent. Correct attainment allows children to develop throughout their lives, achieve educational success, and contribute economically to the society they are a part of in adulthood. Not reaching those developmental milestones prevents children from entering the cycle of self-productivity, a term that means skills learned early in life form the foundation for skills learned at later times (Cunha et al., 2007; Cawley & Spiess, 2008).

The severity of the issue raises questions about what causes obesity in early childhood. Research conducted by Mihrshahi et al. (2018) and Malihi et al. (2021) suggests that modifiable factors, including short-term breastfeeding, early introduction of solid foods, and increased television consumption, are associated with a higher risk of obesity when children enter their school years. As these factors are modifiable, the research suggests that lengthening the time the child is breastfed, introducing solid foods later, after the child is four months old, and decreasing screen time could prove to be protective factors against childhood obesity (Mihrshahi et al., 2018; Malihi et al., 2021). It is important to note, however, that these modifiable factors and an individual's ability to change them are heavily affected by the level of social disadvantage an individual faces. Kumanyika (2017) refers to obesity and overweight as "health equity issues" for this reason. Multiple researchers have found that non-white or lower socioeconomic status individuals are more likely to be exposed to influences that increase their chances of developing obesity (Kumanyika, 2017; Skouteris et al., 2021; Orr et al., 2024). Race and financial status show strong connections to obesity risk early in life (Skouteris et al., 2021; Orr et al., 2024). That makes obesity a systemic issue; the solutions for decreasing obesity in children under the age of five must exist on the system level, as well as the individual level. As highlighted in Kumanyika (2017), the Institute of Medicine developed a framework for addressing obesity in all age groups that included health care and work environments, food and beverage environments, physical activity environments, and school environments (IOM, 2012). The food and beverage environment in particular aligns well with the suggested modifiable factors discussed earlier (McWilliams et al., 2009). Thus, an ideal solution for decreasing the rate of early childhood obesity and its comorbidities, as well as potentially significantly impacting a child's overall health in future years, includes these factors.

While addressing these issues in the home is essential, many children in the US do not spend the majority of their time in the home setting. Instead, the United States Department of the Treasury reports that children spend an average of thirty hours per week in childcare programs (US Department of Treasury, 2021). This means that addressing the previously mentioned modifiable factors cannot be done solely in the home setting; they must also be addressed in the childcare setting. Beyond the time component, ECE settings include the school environment, food and beverage environment, and the physical activity environment–three of the Institute of Medicine's suggested areas to focus on (IOM, 2012). Interventions in Early Childhood Education (ECE) settings should target McWilliams et al.'s (2009) modifiable factors by focusing on breastfeeding, infant nutrition, child nutrition, child physical activity, and screen time in the Institute of Medicine's suggested environments (IOM, 2012).. More specifically, the policies and practices in place in ECE settings need to be targeted to create lasting changes in these factors, ensuring that the obesity prevention measures persist beyond the duration of the intervention (Kracht et al., 2023). Thus, a successful policy-focused intervention can address current public health concerns and decrease the likelihood of obesity later in life, an issue that is significantly more challenging to treat, by creating behavior change in nutrition and physical activity (Kenney et al., 2019).

The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)

The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) was created by researchers at the University of North Carolina at Chapel Hill (UNC-CH) in 2002 to address the growing public health crisis of obesity in preschool-aged children (Alkon et al., 2014; Benjamin et al., 2007b; Benjamin et al., 2007c). This paper-based tool consisted of five steps that childcare programs followed to implement one or more evidence-based practices around child nutrition and physical activity. The evidence-based practices used to develop NAP SACC are directly connected to the modifiable factors that affect a child's obesity risk, including breastfeeding, infant nutrition, child nutrition, and child physical activity (Mihrshahi et al., 2018; Malihi et al., 2021). The tool's five-step process consisted of taking an initial self-assessment, creating a plan based on identified goals, taking action, completing training, and completing a post-assessment to assess progress (Benjamin et al., 2007b).

NAP SACC was designed using Social Cognitive Theory. This theory posits that humans learn through observation, that reinforcement influences behavior change, and that a strong sense of self-efficacy leads to behavioral change (Benjamin et al., 2007b; Bandura, 2001). The tool aimed to emphasize agency by the childcare program directors and staff. Rather than an outside group making changes, the childcare programs would implement the changes themselves (Benjamin et al., 2007c). According to the theory, this approach increases the chances that long-term behavior change will occur.

However, that behavior change was not left entirely in the hands of the ECE program directors and staff. NAP SACC was designed to be facilitated by health consultants. In its early stages, these consultants worked in childcare health settings and were affiliated with the NC Department of Health and Human Services as registered nurses and child health consultants

(Benjamin et al., 2007a, 2007b). Consultants assisted ECE programs throughout their participation in NAP SACC as they underwent the five-step process–also known as a cycle. These consultants were equipped with the self-assessment instrument and workshop materials on the topics contained in the assessment, as well as handouts and brochures (Benjamin et al., 2007b). Throughout the process, they assisted the directors and staff by developing action plans, providing educational training, and checking in at least once a month, either in person, over the phone, or via email (Benjamin et al., 2007a, 2007b).

The Impact and Effectiveness of the Paper-based NAP SACC Tool

NAP SACC underwent numerous studies to determine its effectiveness, as well as to validate the tool's measurements (Alkon et al., 2014; Battista et al., 2014; Benjamin et al., 2007b, 2007c). Benjamin et al. (2007c) found the measure to be reliable, as evidenced by test-retest and inter-rater reliability testing, with Kappa statistics ranging from 0.20 to 1.00 for inter-rater reliability and from 0.7 to 1.00 for test-retest reliability. It is important to note that some of the Kappa values found were close to zero, indicating that the results were likely due to chance. Benjamin et al. (2007c) stated that two questions were the reason for these results: "How often is nutrition education provided to parents of the children in care?" for inter-rater reliability and "How often is fat added to cooked vegetables?" for test-retest reliability. Except for these two questions, they regarded the tool as reliable. The same study found it valid through face, content, and construct validity assessments; Kappa statistics for validity ranged from -0.01-0.79. Again, the listed Kappa statistics include values that indicate the results were caused by chance. Benjamin et al. (2007c) explained this by pointing to the question that had the negative Kappa value: "How often do child care providers assess hunger before providing additional helpings of food to children?" Except for this question, they regarded the tool as valid. With that understanding of the tool's soundness, the results from the studies examining its effectiveness hold greater weight.

In 2007, researchers piloted the program with childcare centers in NC. These childcare centers were all state-regulated, but not all had the same star rating as determined by the NC Star Rating System (Benjamin et al., 2007b). Results from each center's initial self-assessment were represented numerically and compared with the results from their second self-assessment. Centers in the intervention group using NAP SACC had scores that averaged 105.31 pre-intervention and 118.15 post-intervention out of a total possible score of 132 points. The average increase for centers in the intervention group was 12.84 points or 12.19%. This was compared to an increase of 7.75 points or 7.14% for centers in the control group, which averaged 108.5 points at the first measurement and 116.25 points at the second (Benjamin et al., 2007b). These numbers represent fundamental changes in alignment with the best practices concerning child nutrition and infant and child physical activity. However, it is worth noting that the sample size in this pilot was too small to detect statistical significance.

Battista et al. (2014) examined the effects of NAP SACC in rural childcare settings in NC. They divided their participating centers into those affiliated with K-12 school districts and those not affiliated with K-12 school districts. They observed that NAP SACC had a more significant impact on non-school-affiliated childcare centers than on those affiliated with schools. Researchers posited that this was likely caused by the school-based centers being required to adhere to specific state-mandated nutrition and physical activity standards (Battista et al., 2014). However, this does not mean the school-based centers were unaffected by the program. The main result of this study was that NAP SACC gave childcare centers that already met the requirements the ability to exceed those requirements. This is important to note because, in NC, the childcare licensing system is tiered; exceeding minimum state requirements is necessary to receive high ratings according to the state's Star Rating System for childcare programs (Division of Child Development and Early Education, n.d.). Ultimately, the study conducted by Battista et al. (2014) highlighted NAP SACC's effectiveness not only for centers that needed help meeting standards but for all centers, regardless of their adherence level.

Another study, published in 2014 (Alkon et al., 2014), focused on the program's effect on children's health rather than ECE centers' adherence to best practices, although the latter is implied by the former. Seventeen childcare centers, located throughout NC, California, and Connecticut, participated in the study. Researchers found that implementing NAP SACC led to statistically significant improvements in children's body mass indices (BMIs) (Alkon et al., 2014). These centers also showed statistically significant improvements in the knowledge of childcare center staff and parents about the nutrition and physical activity needs of children under five (Alkon et al., 2014). The creation of center policies concerning nutrition and physical activity also increased significantly (Alkon et al., 2014).

Transitioning to the Online Go NAPSACC Tool

NAP SACC was a successful program in its paper format; however, the increasingly digital age necessitated the creation of an online version of the tool (Ward et al., 2017a). The online version, Go NAPSACC, was launched in 2014 (Clarke et al., 2023). Go NAPSACC deviates from the original version of the program in that it initially included seven modules concerning infant and child health, and added an eighth module, Social-Emotional Health, in 2025 (Go NAPSACC, 2025). Building on the original categories of child nutrition and infant and child physical activity, the online version also encompasses breastfeeding and infant feeding, Farm to ECE, oral health, outdoor play and learning, screen time, and social-emotional health

(West et al., 2023). Each of these modules includes evidence-based best practices for childcare programs to follow.

Go NAPSACC provides ECE program directors and staff with more resources than its earlier counterpart. On-demand training sessions about each of the seven modules are included in a virtual training library at no additional cost to childcare programs. While the logistics of how and how much are decided at the state level, these trainings all count toward childcare professionals' required professional development (Clarke et al., 2023). The primary benefit of these trainings is that hard-to-reach groups, including family childcare programs, ECE programs in rural settings, and those with limited staff, now have equal access to training that was previously available at higher rates to their urban and state-regulated counterparts (Clarke et al., 2023; Dinkel et al., 2021).

The online version of NAP SACC continues to utilize consultants to assist ECE programs in completing the five-step process (**Figure 1**). These consultants, now referred to as Technical Assistance (TA) Consultants, receive training through a three-step certification process, webinars, and on-demand training (Go NAPSACC Consultant Training, 2025). They are available in the majority of the twenty-seven states that currently implement Go NAPSACC and simultaneously work with multiple childcare centers (West et al., 2023; Go NAPSACC, 2025c; R. Rairigh, personal communication, August 7, 2025). This enables TAs to support each of their programs more effectively, as the lessons learned from working with one ECE center can be easily applied to the others (West et al., 2023).

Figure 1. Go NAPSACC 5-Step Process (Go NAPSACC, 2025a)

While the actual time from start to finish depends on the state's level of implementation planning, the average Go NAPSACC cycle takes roughly a year (West et al., 2023). It should be noted that the Go NAPSACC process can be as minor or as significant as the childcare center chooses. However, centers are not recommended to undertake more than three goals per module selected in each cycle (R. Rairigh, personal communication, February 14, 2025).

The Impact and Effectiveness of Go NAPSACC

The advantages of Go NAPSACC's online format translate to a greater impact on obesity prevention in preschool-aged children and increased prevalence of best practices in childcare programs (Shedd & Kelly, 2023; West et al., 2023; Kenney et al., 2019; Ward et al., 2017a). This was first seen in a 2017 study published by Ward et al (2017a). Researchers found that ECE programs exhibited medium to large positive changes in categories such as overall nutrition, food provided, beverages provided, and menus, all of which are best practices within the child nutrition module (Ward et al., 2017a). Unfortunately, the small sample size limited the study's ability to detect statistical significance.

Best practice improvements were not the only positive results discovered in this study. Researchers also interviewed childcare program directors regarding their experience with Go NAPSACC. They found that the directors felt that the tool was easy to implement with limited support, and it had everything they needed to make their desired changes. Directors indicated that the self-assessment and action-planning tools were the most helpful aspects of the program (Ward et al., 2017a). Shedd and Kelly (2023) found positive changes in eighteen of the nineteen categories they examined when ECE centers used Go NAPSACC. Those positive changes were most significant in the Farm to ECE module in the following best practices: "Children do a variety of activities to help plan, plant, care for, harvest, and learn from the garden," "During the growing season, structured gardening time is provided to preschool children 2 times per week or more," and "Over the course of the year, 7 or more different fruits or vegetables grow in the program's garden."

All of Go NAPSACC's best practices aim to decrease early childhood obesity rates nationwide. Kenney et al. (2019) found this to be the case as the tool showed the most substantial evidence of all examined in the study for impacting obesity risk in children under five. Furthermore, West et al. (2023) found that the tool yielded the most significant return on investment compared to other health interventions targeting children in this age range. Two studies concluded that implementing Go NAPSACC costs a state $64-$72 per child (Gortmaker et al., 2015; Kenney et al., 2017; Kenney et al., 2019). It is essential to note that the estimates from previous studies should be applied loosely, as they were based on a model that included all states in the United States. This affects the generalizability of the estimate because not all fifty states participate in Go NAPSACC, and the number of children in childcare facilities per state varies across states. With that being said, when the figure of $64-$72 per child is compared with the $260 billion spent on obesity-related health issues each year at the national level, some researchers have stated that the benefits of early childhood prevention are evident (Cawley et al., 2021). When these facts are combined with the fact that Go NAPSACC's replicability allows it to provide the same benefits in any state that implements it, the tool may be considered one of the more successful interventions available for addressing childhood obesity in early childhood settings (West et al., 2023).

The Eight Evidence-Based Modules

The eight evidence-based modules in the online Go NAPSACC tool are child and nutrition, infant and child physical activity, breastfeeding and infant feeding, farm to ECE, oral health, outdoor play and learning, screen time, and social-emotional health (**Table 1**). Each module is categorized with best practices for ECE centers to follow, as shown in the following table.

Table 1. Go NAPSACC Best Practices Before the Addition of Social-Emotional Learning	
Module	**Best Practices**
Breastfeeding	● Provide a quiet, comfortable, and private space for breastfeeding or expressing milk. ● Ensure access to an electrical outlet, comfortable seating, and a sink nearby. ● Sufficient refrigerator/freezer space for breast milk storage. ● Display breastfeeding-supportive materials. ● Teachers and staff promote breastfeeding by adopting positive attitudes and sharing relevant information. ● Professional development on breastfeeding should be at least twice per year. ● Educational materials are provided to families annually and upon request. ● Written policy covering breastfeeding environment, education, and support.
Infant Feeding	● Always purchase an iron-rich formula and cereal. ● Avoid added salt in baby food. ● Limit baby food desserts with added sugar. ● Feeding is flexible, based on the infant's hunger cues. ● Feeding ends based on infant fullness cues. ● Use responsive feeding techniques. ● Provide hands-on guidance to older infants learning to feed themselves. ● Daily written and verbal feeding reports for families. ● Written infant feeding plan guiding feeding practices. ● Professional development on infant nutrition twice per year. ● Families receive education at least annually and at developmental milestones. ● Written policy on infant feeding and communication with families.
Child Nutrition	● Offer fruit at least twice per day (once for half-day programs). ● Serve fresh, frozen, or juice-packed fruit every time. ● Offer vegetables (excluding fried options) at least twice per day. ● Include dark green, orange, red, or deep yellow vegetables in your diet daily. ● Avoid cooking vegetables with meat fat, margarine, or butter. ● Limit fried or high-fat foods to once a week or less. ● Provide lean or low-fat meat or alternatives. ● Offer whole grains at least twice per day. ● Avoid sugary, salty, or high-fat snacks. ● Ensure drinking water is always visible and available. ● Limit juice to 4–6 oz. twice per week. ● Never offer sugary drinks or flavored milk. ● Encourage children to serve themselves. ● Teachers model healthy eating habits. ● Avoid using food as a reward or a means of punishment. ● Professional development on child nutrition twice per year. ● Provide families with nutrition education twice per year. ● Written policy on child nutrition and meal practices.

Table 1 (continued)

Farm to ECE	● Offer a variety of local foods throughout the year. ● Include local foods in meals or snacks at least once a week. ● Increase local fruit/vegetable offerings during the growing season. ● Communicate about local food sourcing. ● Maintain a garden that contributes to meals. ● Grow a diverse selection of fruits, vegetables, and herbs. ● Provide structured gardening time for preschoolers twice per week (once per week for family child care homes). ● Offer education on food origins weekly. ● Engage children in cooking or taste tests on a weekly basis during the growing season. ● Provide opportunities for children to meet farmers. ● Utilize a variety of learning materials about food origins and farming. ● Professional development on Farm to ECE annually. ● Connect families to local foods and consider their input when planning menus. ● Written policy on Farm to ECE initiatives.
Child and Infant Physical Activity	● Provide preschoolers with at least 120 minutes of active playtime daily (60 minutes for half-day programs). ● Provide toddlers with at least 90 minutes of active playtime daily (45 minutes for half-day programs). ● Offer tummy time at least four times per day for infants (twice per day for half-day). ● Limit sedentary time to less than 15 minutes outside of nap and meal times. ● Avoid placing infants in seats, swings, or ExerSaucers. ● Ensure that indoor play areas accommodate different age groups and cater to special needs. ● Offer a variety of play equipment for all age groups. ● Ensure portable play equipment is always available. ● Teachers actively engage in play and encourage movement. ● Integrate physical activity into routines and transitions. ● Provide planned gross motor skill lessons weekly. ● Professional development on physical activity twice per year. ● Educate families on physical activity twice per year. ● Written policy on physical activity expectations.
Oral Health	● Provide daily supervised tooth brushing. ● Use fluoride toothpaste and proper dispensing methods. ● Ensure toothbrushes are age-appropriate, labeled, and replaced every six months. ● Avoid sugary foods and drinks. ● No juice for infants. ● No bottles during naptime or playtime. ● No sippy cups for toddlers during naptime or playtime. ● Teachers create a positive tooth brushing experience. ● Professional development on oral health twice per year. ● Families receive oral health education twice per year. ● Written policy on oral health and cavity prevention.

Table 1 (continued)

Outdoor Play and Learning	● Preschoolers have at least 90 minutes of outdoor play daily (45 minutes for half-day). ● Toddlers have at least 60 minutes of outdoor play daily (30 minutes for half-day). ● Infants go outdoors at least twice per day (once for half a day). ● Provide structured and free play opportunities outdoors. ● Ensure shaded areas for all children. ● Maintain a spacious and safe play area. ● Include at least eight play areas in the preschool outdoor space. ● Maintain a garden that contributes to meals. ● Provide paved paths for wheeled toys. ● Ensure a variety of play equipment is available and in good condition. ● Professional development on outdoor learning twice per year. ● Families receive outdoor play education twice per year. ● Written policy on outdoor play.
Screen Time	● No screen time for children under 2. ● Limit screen time for children 2+ to 30 minutes per week (15 minutes for half-day). ● Use only educational, commercial-free content. ● Provide alternative activities. ● Never use screen time as a reward. ● Engage children in discussions about the content on screens. ● Professional development on screen time twice per year. ● Families receive education on screen time recommendations. ● Written policy on screen time guidelines.

(Ward et al., 2014; Ward et al., 2016)

Comparison with Alternative ECE Obesity Prevention Programs

There are multiple programs designed to address the center-level policies of ECE centers related to early childhood obesity prevention, in addition to Go NAPSACC. Three such programs are the Environment and Policy Assessment and Observation (EPAO) instrument, the Play Active Policy Intervention, and the Wellness Child Care Assessment Tool. To best understand their differences, it is essential to know where costs can be incurred and what leads to changes in the obesity rate. This can best be accomplished by comparing Go NAPSACC to the previously mentioned assessment tools: the EPAO instrument, the Play Active Policy Intervention, and the Wellness Child Care Assessment Tool. The EPAO was chosen as a comparison to Go NAPSACC because both tools were developed by the same researcher, Dr.

Diana Ward. The Play Active Policy Intervention was selected because the tool focuses on improving child physical activity in ECE settings through policy assessment and implementation support, a system similar to that of Go NAPSACC (Adams et al., 2022). Finally, the Wellness Child Care Assessment Tool was chosen as a comparison because it focuses on determining how well a childcare center adheres to specific nutrition and physical activity practices; however, what makes this tool a good comparison to Go NAPSACC is that, unlike Go NAPSACC, it is conducted by a trained rater rather than the center administrator (Falbe et al., 2011).

Environment and Policy Assessment and Observation Instrument (EPAO)

The EPAO is a research-grade instrument that assesses nutrition and physical activity environments at ECE centers (Ward et al., 2008). This instrument is designed to be administered by an outside observer who observes and records activities related to nutrition and physical activity in the ECE program (Ward et al., 2008). When administered correctly, the EPAO accurately shows how an ECE center aligns with established best practices in nutrition and physical activity. However, the observer must undergo extensive training to administer the instrument correctly (Ward et al., 2008). The ECE program director or staff cannot administer this tool and, therefore, lacks the buy-in seen in the Go NAPSACC process. However, the most significant difference that highlights the advantage of the Go NAPSACC tool is that it is designed to create change. The EPAO instrument evaluates how a childcare center compares to best practice standards; it does not provide guidance on how the program can improve (Ward et al., 2008). Go NAPSACC is centered around improvement through a pre- and post-self-assessment process (Benjamin et al., 2007b).

Play Active Policy Intervention

The Play Active Policy Intervention is an intervention tool designed to increase physical activity in children under the age of five who attend childcare centers. According to Adams et al. (2022), the tool includes “25 practices to support nine key age-specific recommendations and two key statements which provide clear guidance on the amount of physical activity and sedentary time, including screen time, young children should do while attending [childcare centers].” There are implementation strategies tied to each practice, including a guide for changing policies, an assessment tool for measuring children’s physical activity levels, resources and tips, professional development, and implementation support through a Project Officer (Adams et al., 2002). The structure of the tool is highly similar to Go NAPSACC, as it provides many of the same features, including technical assistance, resource guides, and professional development, among others (Clarke et al., 2023; West et al., 2023). However, the tool differs in that it focuses entirely on physical activity. Go NAPSACC focuses on eight different markers of health in the early childhood setting (Go NAPSACC, 2025). Thus, the Go NAPSACC tool has a broader application than the Play Active Policy Intervention.

Wellness Child Care Assessment

The Wellness Child Care Assessment was developed by combining the best practices in nutrition and physical activity from the listed standards of eleven different organizations, both governmental and non-governmental. Notable organizations from which standards were drawn included the American Heart Association, the 2005 Dietary Guidelines for Americans, and the NAP SACC (Falbe et al., 2011). As the last paper discussing this tool was published in 2011, the Wellness Child Care Assessment has not been updated to match any newer federal dietary guidelines. The Wellness Child Care Assessment was administered by trained raters and utilized a rating scheme that measured written policy on a scale of 0 to 2, with 0 indicating no mention and 2 indicating direct mention. It should be noted that this tool does not assess practices; instead, it assesses only the written policy (Falbe et al., 2011). The Wellness Child Care Assessment is more similar to the EPAO than it is to Go NAPSACC. The most significant differences between the two are that Go NAPSACC rates eight categories rather than two, allows the ECE center administrator to have an active role in the assessment, and guides the ECE center through the process of implementing change. Additionally, Go NAPSACC's status as a gold standard in early childcare health policy and practice assessment is reinforced by the fact that the Wellness Child Care Assessment drew on the NAP SACC paper as a resource for its creation (Falbe et al., 2011).

Among the tools available for creating policy-level changes in early childhood obesity prevention, Go NAPSACC has more substantial evidence of effectiveness in combating this crisis compared to existing options. Both Kenney et al. (2019) and West et al. (2023) found that the tool had the most substantial evidence for decreasing the childhood obesity rate at the lowest possible cost to administer. However, it is worth noting that limitations for Go NAPSACC remain.

Current Pitfalls

Several areas for improvement need to be addressed as Go NAPSACC's development moves forward. Those areas can be summed up as issues of implementation. These issues are seen at multiple levels within the program: the state level, the consultant level, and the childcare program level. On the state level, the most significant barrier to implementation is financial. As mentioned previously, Kenney et al. (2017) and Kenney et al. (2019) found that implementing Go NAPSACC on a large scale requires states to invest $64-$72 per child. It is unclear how the researchers determined these numbers. With that being said, it is estimated that a state must invest $35,000 a year into the program, as well as provide staff to manage the tool (R. Rairigh, personal communication, September 19, 2025). While this number is significantly smaller than the $260 billion spent on obesity-related healthcare costs nationwide, the relatively high cost of implementing the program can serve as a disincentive to some states (Kenney et al., 2019; Cawley et al., 2021). As of March 2025, only 24 states have access to the tool: Maine, Massachusetts, Connecticut, Pennsylvania, Michigan, Wisconsin, Illinois, Indiana, Iowa, Missouri, Kentucky, Nebraska, Kansas, Oklahoma, Arkansas, Texas, Louisiana, Arizona, Alaska, Mississippi, North Carolina, South Carolina, Georgia, and Florida (Go NAPSACC, 2025c).

It is worth noting that Go NAPSACC has consistently been proven effective to a greater extent than other, less expensive programs (Kenney et al., 2019). The success of its outcomes determines the program's cost-effectiveness. Researchers found that using Go NAPSACC could prevent 38,000 cases of child obesity and approximately $30 million in healthcare costs over ten years (Kenney et al., 2019). However, the price remains an essential factor to consider.

The issues on the consultant level are numerical. As of 2023, there were only 1,324 TAs trained nationally to facilitate the implementation of Go NAPSACC (West et al., 2023). Whether or not to employ TA Consultants in Go NAPSACC implementation is decided on a state-by-state basis. States like NC choose to utilize consultants due to the literature on the benefits of a consulting model; however, some states are not using TA Consultants (R. Rairigh, personal communication, August 7, 2025). This also means that the choice of how to implement TA Consultants, such as through a paid, standalone position, or as an addition to an existing role, is also determined by the individual states. For example, in NC, Go NAPSACC TA Consultants are employed in a range of positions. Cooperative Extension Agents, Child Care Health Consultants, and Smart Start Technical Consultants are three common position types for consultants. It is important to note there are other individuals who utilize Go NAPSACC as part of their jobs, but the three employments listed as the most common employments for TA Consultants, Knowing of this variation in position type, it is possible that this could lead to inconsistent implementation of the tool across states. However, it is unclear what effect this could have on the results of using the Go NAPSACC tool.

If all TA Consultants in the country were evenly dispersed among the twenty-seven states that utilize Go NAPSACC, there would be roughly sixty consultants per state. In reality, the numbers vary. According to the Go NAPSACC database, North Carolina has 302 trained consultants, excluding Go NAPSACC administrators and staff, for the 5,323 childcare locations in the state, assuming all registered childcare facilities participate in Go NAPSACC (Division of Child Development and Early Education, 2025). Finally, the issues on the childcare program level are multifaceted. Staff turnover has been a consistent problem in the ECE setting (Whitebook & Sakai, 2003). As this trend is based on factors that have not changed, such as job-related injuries and illnesses, stress related to an unstable workplace, and low pay, staff turnover rates likely make it difficult for ECE centers to implement Go NAPSACC (Kwon et al., 2022). Cost also remains a barrier, as not all best-practice improvements can be done without financial investment (West et al., 2023).

Failure to complete a second self-assessment, also known as a post-assessment, is routinely cited as a significant barrier to successful implementation (West et al., 2023). This issue is often referred to as non-compliance (Willis et al., 2022). It is essential to distinguish non-compliance from a lack of improvement. An ECE center that fully completes the five-step program and does not improve after the post-assessment is still compliant. Non-compliance refers only to a failure to complete a Go NAPSACC cycle. In North Carolina, the non-compliance rate is estimated at 43%. This is based on TA Consultant activity data collected from January 1st, 2022, to August 6th, 2025, which found that programs in NC have an average completion rate, that is, the percentage of how many ECE centers fully complete a goal they set after the initial self-assessment–of 57%. This was calculated by dividing the total number of goals achieved by the total number of self-assessments taken for all registered programs during this timeframe. It is essential to note that these data do not include the years during which the COVID-19 pandemic occurred; however, there may still be lingering effects from the pandemic. To determine the impact of the COVID-19 pandemic on non-compliance, compared to other factors, the interview guide specifically asks TA Consultants who worked during this time about the pandemic's impact.

Determining what causes non-compliance is an area where further research is needed. One study that does address this issue found that there are six factors can predict a childcare center's likelihood of non-compliance: the type of program it is–school-based, Head Start, family childcare home, or center-based, whether or not it participates in the Child and Adult Care Food Program (CACFP), whether or not it accepts subsidies, and to what level it does, the number of self-assessments it has taken, the number of modules completed in the past, and whether or not an action plan was created (Willis et al., 2022). Family childcare homes and centers with subsidy acceptance rates between 26% and 75% were the most likely to be non-compliant. Centers that had completed past modules and created an action plan had virtually no risk of non-compliance (Willis et al., 2022). Perhaps the most surprising finding was that many childcare program directors and staff could not remember the best practices for healthy eating or physical activity after completing the Go NAPSACC cycle (Snyder et al., 2019). This indicates a greater need for continued involvement with Go NAPSACC and its resources after completing a center's cycles.

It is important to note that little research exists on the actual impact of TA Consultants on Go NAPSACC program compliance. However, the research that has been done suggests that TA Consultant usage in and of itself does not guarantee successful completion of the program. The success of ECE programs depended more on other predictive factors than on working with TA Consultants; when TA Consultants were found to be predictive of success, it was due to the quality of their interactions rather than the quantity (Chiappone et al., 2018). These findings, however, were limited, and the actual impact of TA Consultants on the tool's implementation remains a gap in the literature.

Suggested Improvements

Non-compliance requires nuanced approaches. Some of those approaches could include financial incentives for completing the post-assessment or requiring full completion of a Go NAPSACC cycle to receive Quality Rating and Improvement System (QRIS) recognition (West et al., 2023). Current research by Vaughn et al. (2019) suggests that an enhanced version of Go NAPSACC, which utilizes TAs to create implementation teams within each center, may significantly decrease instances of non-compliance. This finding aligns with the results of Chiappone et al. (2018), who suggested that the quality of time spent with TA Consultants, rather than the quantity, is more likely to lead to compliance.

Summary

This literature review introduces the NAP SACC assessment, its transition to the online Go NAP SACC, best practices in the intervention, and the impact of the intervention since its creation. The effectiveness of Go NAPSACC as an obesity prevention intervention was highlighted through multiple quasi-experimental studies. It was also compared to similar ECE interventions and found to be more cost-effective and to have more statistically significant impacts. Additionally, the review discussed the barriers to the intervention's success and suggested improvements to increase program compliance. The main barriers are the cost of implementation and a lack of compliance among centers using the tool (Kenney et al., 2019; West et al., 2023). Despite its well-documented effectiveness, the tool has a significant cost to implement at the state level. This cost proves to be worthwhile when the program is completed. However, that leads to the other barrier to success: non-compliance. Multiple studies have shown that ECE centers regularly fail to complete a second self-assessment and often do not complete a full Go NAPSACC cycle as a result (West et al., 2023). Some evidence suggests that working with TA Consultants in implementation teams will improve ECE centers' compliance (Vaughn et al., 2019; Chiappone et al., 2018).

CHAPTER 3: Understanding Go NAPSACC Implementation: Perspectives from North Carolina Technical Assistance Consultants

INTRODUCTION

In 2017, the Centers for Disease Control and Prevention (CDC) (2024a) reported that nearly three million children under five in the United States (US) were considered obese (ChildStats, 2017). Another 39 million children were considered overweight (Mohseni & Aryankhesal, 2021). The issue is also significant at the state level. In North Carolina (NC), 14.1% of children aged two to four were considered obese as of the most recent data collected in 2020 (State of Childhood Obesity, n.d.). Obesity in the early childhood years is a significant issue as it has been linked to lower skill development throughout childhood in the areas of "verbal skills, activities of daily living, motor skills, and social skills (Cawley & Spiess, 2008)." It had also been linked to obesity later in life–a condition that leads to comorbidities such as Type II Diabetes, stroke, coronary heart disease, respiratory problems, and some cancers (Cawley & Spiess, 2008; Cunningham et al, 2014; Apovian, 2016). Knowing that children spend an average of thirty hours per week in childcare programs, the 42 million preschool-aged children in the US who were considered overweight or obese were likely spending the majority of their time in an ECE setting, indicating that this would be an ideal location for obesity prevention measures (US Department of Treasury, 2021). This setting is also considered ideal because, as Kumanyika (2017) highlights in their work on reframing obesity as a health equity issue, the Institute of Medicine identifies school environments, physical activity environments, and food and beverage environments as three ideal places to focus obesity prevention efforts (IOM, 2012). The ECE setting incorporates all three of those environments.

Focusing on multiple environments is critical because obesity is not an issue that can be addressed on the individual level only. It must also be addressed on the systems level. This is because systems-level factors, like race and socioeconomic status, directly impact an individual's likelihood of developing obesity (Kumanyika, 2017; Skouteris et al, 2021; Orr et al., 2024). Socially disadvantaged individuals are more likely to develop obesity and its related comorbidities than those who are not socially disadvantaged (Kumanyika, 2017; Skouteris et al, 2021; Orr et al., 2024). A systems focus could also be referred to as a focus on policies and practices.

Obesity prevention interventions that focus on changes in policy and practices in the early childhood education (ECE) setting can decrease a preschool-aged child's likelihood of developing obesity (Kracht et al., 2023). In North Carolina, ECE centers are regulated by the Quality Rating and Improvement System (QRIS) Star Rated License, administered by the NCDHHS Division of Child Development and Early Education (n.d.). According to QRIS's Annual Compliance Monitoring Checklist for Child Care Centers, the only licensing-related requirements for ECE centers that concern child physical activity and nutrition are that there must be a "variety of outdoor equipment to promote vigorous play" and "nutrition requirements (NCDHHS Division of Child Development and Early Education, 2023)." "Nutrition requirements" is given more direction by the fact that NC requires all ECE centers to follow the Child and Adult Care Food Program (CACFP) guidelines set by the United States Department of Agriculture (USDA) (Child Care Rules, 2017). NC does not require all centers to participate in the CACFP program, however. The given requirements do not provide guidelines on how centers are to implement them. For this reason, there is a need for tools that could assist ECE centers in meeting their physical activity and nutrition-related licensing requirements. The Go Nutrition and Physical Activity Self-Assessment for Child Care (Go NAPSACC) is one such tool.

The Go NAPSACC is an ECE obesity prevention intervention tool that focuses on policy and practice changes. It was developed by researchers at the University of North Carolina at Chapel Hill to facilitate improvements in childcare programs' practices, policies, and environments, promoting the health of young children in NC. The online tool aims to decrease early childhood obesity by utilizing trained Technical Assistance (TA) Consultants who guide ECE center directors and staff through a five-step process known as the Go NAPSACC cycle (West et al., 2023). To use the tool as it was intended, an ECE center must complete a full Go NAPSACC Cycle; this includes taking an initial self-assessment, creating goals based on the results of the self-assessment, developing an action plan, participating in targeted training supplied by Go NAPSACC's educational library on the identified goals, and taking a second self-assessment to determine what progress was made (West et al., 2023). ECE centers can tailor the tool to their needs, as Go NAPSACC includes eight modules designed to address the systemic nature of the childhood obesity epidemic. The eight modules are child nutrition, infant and child physical activity, breastfeeding and infant feeding, Farm to ECE, oral health, outdoor play and learning, and screen time. (West et al., 2023; Go NAPSACC, 2025b).

The use of trained TA Consultants who partner with ECE centers as they progress through the five-step implementation cycle distinguishes Go NAPSACC from other policy- and practice-focused interventions (R. Rairigh, personal communication, February 14, 2025; West et al., 2023). The original design of the Go NAPSACC tool was intended for TA Consultants to partner with ECE centers in a collaborative approach, rather than evaluating them without director or staff involvement (Benjamin et al., 2007a). This is because the tool was designed to allow childcare centers to assess their own policies and practices without fear of repercussions if they did not meet the tool's best practice standards (Benjamin et al., 2007a). This is in contrast to a model where the evaluation would be conducted by an individual affiliated with licensing and regulatory groups. The collaborative approach, in which TA Consultants work with centers to develop action plans, deliver educational workshops, and provide consistent guidance through in-person and virtual communication, was intended to increase the number of ECE centers that completed a full implementation cycle (Benjamin et al., 2007a). This was confirmed by Chiappone et al. (2018), who found that working with a TA Consultant could increase compliance, as evidenced by completing a second self-assessment at the end of a Go NAPSACC cycle; however, the effect varied based on the quality of the consulting relationship.

Examining the tool's implementation as described by the model above, studies by Benjamin et al. (2007b), Battista et al. (2014), and Alkon et al. (2014) found it to be effective in its original paper format. In its pilot study, researchers observed ECE centers implementing changes in alignment with best practices regarding child nutrition and infant and child physical activity due to their use of the tool. However, it is worth noting that the sample size in this pilot was too small to detect statistical significance (Benjamin et al., 2007b). Battista et al. (2014) examined the tool's effectiveness in working with K-12 associated centers versus non-school associated centers and found that it led to policy and practice improvements in both settings. Alkon et al. (2014) found that it led to statistically significant improvements in children's body mass indexes (BMI). The Go NAPSACC tool had a greater impact on decreasing child obesity when it transitioned to its current online format. Studies conducted by Ward et al. (2017a) and Shedd and Kelly (2023) found that childcare centers that utilized Go NAPSACC demonstrated improvements in their best practices related to child nutrition and physical activity, as well as garden-specific aspects of Farm to ECE.. Additionally, Ward et al. (2017a) interviewed ECE center directors about the usability of Go NAPSACC. They received feedback that the tool was easy to implement and especially helpful in developing action plans.

However, the tool is not without its challenges. Implementation challenges are a consistent issue with Go NAPSACC. This is referred to as non-compliance, where programs fail to complete the second self-assessment that indicates the extent of change (Willis et al., 2022). This does not mean that ECE centers that complete the five-step Go NAPSACC cycle, but do not show any level of change are non-compliant. Non-compliance refers only to not completing all five steps of a Go NAPSACC cycle. Several factors have been identified as impacting a center's compliance levels, including whether the ECE program receives subsidies, whether it has completed a Go NAPSACC cycle before, and whether an action plan has been created for its goals (Willis et al., 2022). In addition to this, not all states that utilize Go NAPSACC make use of TA Consultants, a key part of the design as indicated by Benjamin et al. (2007a). The issue is further complicated by the fact that the states that do choose to utilize TA Consultants' staff do so in various ways. Some states employ full-time, paid TA Consultants, while others add the consulting responsibilities to individuals employed in other positions, such as Cooperative Extension Agents, Smart Start Technical Consultants (SSTC), and Child Care Health Consultants (CCHC). NC's Go NAPSACC operates in the latter way, adding responsibilities to existing positions (R. Rairigh, personal communication, August 7, 2025). It is important to note that some positions that NC Go NAPSACC TA Consultants are employed in, such as Smart Start Technical Consultants, are positions that are unique to NC. Smart Start is an organization run by the North Carolina Partnership for Children and is meant to provide on-site consulting that could help ECE centers increase their ratings as measured by state licensing standards (North Carolina Partnership for Children, 2019). Unpublished data collected by the national Go NAPSACC team from January 1, 2022, to August 6, 2025, for NC, indicated a non-compliance rate of 43%.

To further explore the issue of non-compliance, this study used a phenomenological approach to better understand the lived experiences of Go NAPSACC TA Consultants in NC as they support ECE programs in improving health-related practices, policies, and environments for preschool-aged children. More specifically, it examined the common challenges that TA Consultants encountered when implementing Go NAPSACC and the types of support, such as training, resources, and system-level structures, that enabled the effective use of the five-step implementation cycle. By documenting these experiences, the study aimed to identify strategies that may strengthen TA Consultant support and enhance the effectiveness of Go NAPSACC in promoting child health in ECE settings.

METHODOLOGY

Study Design

We employed a phenomenological approach to collect qualitative data on the lived experiences of Go NAPSACC TA Consultants regarding the implementation of the online Go NAPSACC tool. We utilized in-depth, semistructured interviews to gain a comprehensive understanding of the actual lived realities of the TA Consultants; additional quantitative data regarding participants' demographics, professional experience, and level of engagement with Go NAPSACC were collected using a pre-interview survey and NC's Go NAPSACC State Lead's online database of TA Consultant activity. This study underwent review by NC State University's

Institutional Review Board and received full approval (#27910). All participants provided written consent for participation.

Participants and Recruitment

We recruited individuals who were trained Go NAPSACC TA Consultants located in NC and were at least 18 years of age. We considered individuals eligible regardless of current active status; however, they must have implemented the tool in collaboration with at least one childcare center. Partner users, defined as childcare program staff (e.g., Center Director) who can access the Go NAPSACC tool but are not connected to a TA Consultant, were not eligible to participate in this study. These individuals may act like a TA Consultant, but only work with their specific program. A $25 gift card was provided to all participants who completed the study as compensation for their time and effort.

We used purposive sampling to identify potential participants based on the following criteria: their position type, years active, and level of activity. Our initial recruitment efforts targeted participants with varying years of experience, levels of physical activity, and diverse geographic locations. Initial recruitment focused on consultants from rural counties identified as having an obesity rate of more than 40% (i.e., Warren, Bertie, Halifax, Hertford, Northampton, Washington, Jones, Lenoir, Columbus, Robeson). Similar to our prior studies, our research team met biweekly to discuss the distribution of the sample and any potential changes that would need to be made to ensure that all voices were heard (Dixon et al., 2023). Eligible participants were selected based on the previously described criteria from a sampling frame of trained TA Consultants located in NC. Sampling frame details included basic information about consultants' locations, positions, and employers, and Go NAPSACC activities (e.g., child care centers worked with, number of modules implemented, cycle completion rates). Upon registering for Go NAPSACC, TA Consultants are provided with a privacy statement allowing this data to be used for research purposes; we included a reminder of this on our consent form for this study.

Using the sampling frame, we identified 302 trained TA Consultants. Six individuals held administrative positions or were identified by Go NAPSACC administrators as having been trained solely for research purposes; these individuals were excluded. Of the remaining 296, 150 were excluded for not meeting the eligibility criteria requiring the TA Consultant to have connected with at least one ECE program. The final pool of potential participants included 146 individuals.

We contacted each eligible TA Consultant via email using a standardized recruitment email (**Appendix A**). Our initial recruitment efforts only yielded two interviews. Throughout the recruitment process, we found that many emails in the Go NAPSACC database were inactive, as some individuals were no longer employed at their listed organization (n = 12). As a result, we conducted a second, expanded recruitment round. In this second round, we collaborated with the national Go NAPSACC team to distribute our study recruitment materials via their internal NC Go NAPSACC listserv. This approach allowed us to obtain a more current and representative sample of TA Consultants in NC. Still, it inhibited our ability to determine the actual population size of our sampling frame. In total, ten TA consultants, representing seventeen different counties and a range of perspectives through the previously described position types, participated in in-depth interviews. A minimum sample size of ten or until saturation is reached is considered appropriate for qualitative studies using a phenomenological approach (Creswell, 2013).

Positionality and Reflexivity

The first author of this study is a white woman in her early twenties who had a lower class upbringing. She is currently pursuing a master’s degree in the field of family science with a particular focus on early childhood education. She will be continuing her education with a PhD in the same field. Her previous education, a BS in Agroecology and Sustainable Food Systems, focused heavily on systems theory and food security, leading her to instinctively view nutrition- and health-related topics through these lenses. To understand how her previous experiences could affect how she collected, analyzed, and interpreted the data, the first author engaged in bracketing before data collection began and practiced memoing through the research process. Bracketing is when a researcher takes an intentional step to write out any potential biases and personal experiences that may influence their work. Doing this allows the researcher to better understand their study participant’s experiences without their own personal interpretations (Davidov & Russo-Netzer, 2022). Memoing is a self-reflexive process where the researcher makes notes of their own feelings, observations, and ideas about the data throughout the research process (Shenton, 2004). These memos serve to provide context and aid in the removal of bias during the data analysis and interpretation phase. Additionally, the first author regularly discussed the content of her memos with the research team through member checking to help ensure trustworthiness (Shenton, 2004).

Data Collection Procedures

Consent and Pre-Interview Survey. Once eligible participants were identified (i.e., direct email or interest form), we contacted each person by email to inquire about their interest in participating in the study. In this email, the graduate research assistant and first author used an email script (**Appendix A**) to review the consent process, the study's overall aims, the risks and benefits of participation, and how the interview content would be used. During this correspondence, participants were allowed to ask questions related to the research study. If participants agreed to participate, they were sent the pre-interview survey with a consent form to complete (**Appendices B & C**). The brief survey was administered via Qualtrics and collected demographic information (e.g., age, sex, and education level), as well as specific information concerning their past work experience in ECE and related fields, their use of Go NAPSACC, and their participation in Go NAPSACC-related activities. Upon completing the Pre-Interview Survey, the first author contacted the individuals via email to schedule a phone interview.

Qualitative Interviews. The first author, a female graduate research assistant trained as a Go NAPSACC TA Consultant at NC State University with no prior connection to any participants, conducted the phone interviews using an in-depth, semi-structured interview guide (**Appendix D**). Our research team iteratively developed the interview guide. Additionally, a CCHC, a Go NAPSACC implementation advisor, the Go NAPSACC Manager of Health and Wellness, and individuals specializing in ECE within the CDC reviewed the interview guide and provided feedback. The first author revised the guide based on the input of these individuals. Before data collection, the first author was trained in qualitative data collection and human ethics using the 5-phase Goodell Protocol (Goodell et al., 2016). The first author conducted two pilot interviews, one with a research team member and one with a TA Consultant who resembled the study population, as part of this training. We did not collect the information gathered during these interviews; instead, interviewees provided feedback for how to improve both the Interview Guide and the first author's interviewing techniques. Additionally, both individuals who would be coding the data (the first author and a trained second coder) engaged in bracketing (setting aside their own experiences) to gain an unbiased perspective on the phenomenon being studied (Creswell, 2007).

The phone interviews lasted an average of 56 minutes, with a range of 29 to 99 minutes. Interviews were recorded and transcribed using the REV audio recorder app, which was installed on a university-owned iPad. REV employs TLS and S3 SSE encryption during transmission and storage to ensure data privacy (REV, 2025). The first author cleaned and deidentified transcripts to ensure transcription accuracy and remove sensitive information to protect participant privacy. The interview began with the first author explaining the purpose of the study and reminding the participant that they could choose to participate or withdraw at any time. In addition to this, the first author instructed participants to create a pseudonym for themselves before audio recording began; this ensured that the TA Consultant's real name was not included in any collected data, nor could any statements made throughout the interview be tied back to them at a later date. During the interview process, the first author took notes and summarized participants' answers after each question and asked them to confirm, modify, or disconfirm them. At the end of the interview, the first author asked participants if they would be willing to review the transcript and an Artificial Intelligence (AI)-generated summary, produced by the Rev audio recorder app's AI summary tool–to confirm whether or not it accurately represented their thoughts (Rev, n.d.). All but one TA Consultant responded to this request. The answer summaries, transcripts, and AI summary reviews serve as a form of member checking and triangulation, ensuring the trustworthiness of the collected data (Shenton, 2004).

Data collection concluded when we reached a state of saturation. Saturation is the point at which no new insights or themes emerge when additional data is collected (Bowen, 2008). We reached this point at the seventh interview. We verified saturation by using the computer-assisted qualitative data analysis software (CAQDAS), Dedoose, that created a grid of codes and interviews conducted (Dedoose, Version 9.0.107, 2023). The grid depicted new codes tapering off after the seventh interview, thus confirming our saturation point.

Data Analysis

We used Moustakas' structured method for inductive phenomenological data analysis (Moustakas, 1994). Moustakas' method includes four steps: 1) Horizontalization, 2) Reduction of Statements, 3) Clustering, and 4) Final Identification and Narrative Themes. The first author and program evaluator served as primary coders. To immerse themselves in the data, both coders read each transcript three times, memoing key concepts they identified on the third readthrough (Moustakas, 1994). Coders then began the horizontalization process, viewing statements as having equal value and importance, and coded statements related to the research questions with descriptive labels. In the second step, coders removed statements that did not relate to the phenomenon being studied or bear weight on the participants' lived experiences.

Coders met two to three times weekly to discuss how they coded each transcript and reach a consensus on how they should be coded. Throughout this process, the coders compiled a preliminary codebook that contained definitions and code parameters. We ensured rigor and consistency in this coding process by achieving an inter-rater reliability threshold of at least 0.82, as calculated using a Pooled Cohen's Kappa statistic (Lanis & Koch, 1977). We began the final step of Moustakas' structured method for inductive data analysis, Final Identification and Narrative Themes, once coding had ended. The two coders reviewed their coded transcripts to develop emergent themes and categorized codes under thematic labels. We derived finalized themes from the data by examining the codes with the larger research team to validate their interpretive coherence and completeness. Our process reflected Braun and Clarke’s (2006) emphasis on reflexivity, transparency, and active researcher engagement across all phases of thematic analysis. Ultimately, the final themes described the textural descriptions (“the what”) and the structural descriptions (“the how”) of the lived experiences of Go NAPSACC TA Consultants (Creswell, 2007). This provided us with the essence of the phenomenon, the ultimate goal of phenomenology (Moustakas, 1994).

We also took other steps to ensure the quality of our data and its representation of the actual lived experiences of Go NAPSACC TA Consultants. We shared and discussed preliminary themes during a quarterly Go NAPSACC meeting with state partners and Go NAPSACC TA Consultants. These individuals may or may not have participated in an interview, but they provided additional insight and context, highlighting areas that were missed during data collection. We also employed peer debriefing and data triangulation, utilizing the existing Go NAPSACC TA Consultant activity data, to ensure data trustworthiness (Shenton, 2004). Finally, after collecting all data, we reviewed our findings with the national Go NAPSACC team, state partners, and TA Consultants as part of quarterly state meetings scheduled in August 2025.

RESULTS

Ten Go NAPSACC TA Consultants serving seventeen different counties were included in this study. Represented counties (**Figure 2**) spanned all geographic regions of the state, but were skewed toward the Mountain and Piedmont regions, with fourteen counties represented from these two regions. **Table 2** reports that all participants identified as female and had an average

age of 54 (SD = 10.67). Our study did not collect participants' race or ethnicity. Four TA Consultants (40%) held a bachelor's degree as their highest educational level, while five (50%) had a master's degree; 1 individual did not respond to the question. While the range of positions varied, including SSTC, Cooperative Extension Agents, CCHC, Provider Support Specialists, Guiding Behavior Coordinators, and Program Managers and Specialists, participants had an average of 20 years (SD = 13.35) of experience working in childcare with a range of 4-44 years.

In the pre-interview survey, participants were asked which modules in the Go NAPSACC tool they use most frequently, which modules they find easiest to implement, and which modules they find most challenging to implement. The most commonly used modules were Outdoor Play and Learning (70%), Farm to ECE (50%), and Infant and Child Physical Activity (40%), respectively. The modules participants found the easiest to implement were identical, with percentage distributions of 50%, 30%, and 30%. There was a tie among Breastfeeding and Infant Feeding (33%), Farm to ECE (33%), and Child Nutrition (33%) for being the most challenging modules to implement.

After collecting the qualitative data used to develop our themes, our research team wanted to compare it with the quantitative data in the Go NAPSACC database for each participant. We aimed to illustrate the similarity or dissimilarity between participants' perceived successes in implementing the Go NAPSACC tool in ECE centers and what their implementation data indicated. This proved to be a challenge, however. Of the ten TA Consultants we interviewed for this study, only three (2, 6, & 8) had utilized the consultant notes and reporting feature within the tool. One potential reason for this lack of reporting within Go NAPSACC is that, according to one TA Consultant (8), some individuals working as Go NAPSACC TA Consultants are required to use a specific reporting software for their full-time jobs. This means that their data is likely recorded elsewhere.

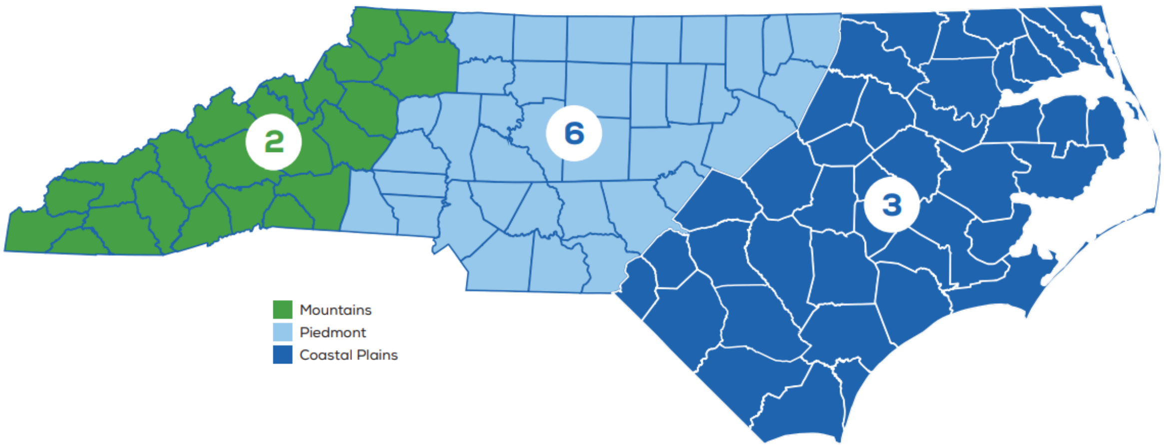

Figure 2. Go NAPSACC TA Consultants Participating in the Study per Region.

Table 2.

Participants' pre-interview survey data about their demographics and Go NAPSACC experience, paired with their consultant type as defined by our identified themes (n=10).

Interview Number	Consultant Type	Age	Education Level	Years of Childcare Experience	Years of Go NAPSACC Experience	Most Used Module(s)	Most Difficult Module
1	Neutral	49	Bachelor's degree	25	5+ years	Outdoor Play and Learning & Farm to ECE	Child Nutrition
2	Leans Classic Consultant	47	Not Reported	25	3-5 years	Child Nutrition & Outdoor Play and Learning	Farm to ECE
3	Leans Resource Librarian	48	Bachelor's degree	29	1-2 years	Farm to ECE	Not Reported
4	Classic Consultant	57	Master's degree	16	3-5 years	Farm to ECE	Breastfeeding and Infant Feeding
5	Classic Consultant	27	Master's degree	7	1-2 years	Outdoor Play and Learning, Breastfeeding, and Infant Feeding, & Child Nutrition	Farm to ECE
6	Classic Consultant	69	Bachelor's degree	44	<1 year	Infant and Child Physical Activity	Breastfeeding and Infant Feeding
7	Neutral	48	Master's degree	4	3-5 years	Infant and Child Physical Activity, Outdoor Play and Learning, & Farm to ECE	Oral Health

Table 2 (continued)

8	Classic Consultant	46	Bachelor's degree	Not Reported	5+ years	Child Nutrition, Infant and Child Physical Activity, Outdoor Play and Learning, Breastfeeding and Infant Feeding, & Farm to ECE	Child Nutrition
9	Resource Librarian	44	Master's degree	10	3-5 years	Child Nutrition, Outdoor Play and Learning, & Screen Time	Breastfeeding and Infant Feeding
10	Classic Consultant	55	Master's degree	Not Reported	1-2 years	Infant and Child Physical Activity & Outdoor Play and Learning	Farm to ECE

Our team identified six emergent themes related to the experiences of Go NAPSACC TA Consultants utilizing the Go NAPSACC tool to improve health-related policies and practices in ECE settings. **Table 2** presents themes, subthemes, and representative quotes. **Figure 3** visually represents emergent themes.

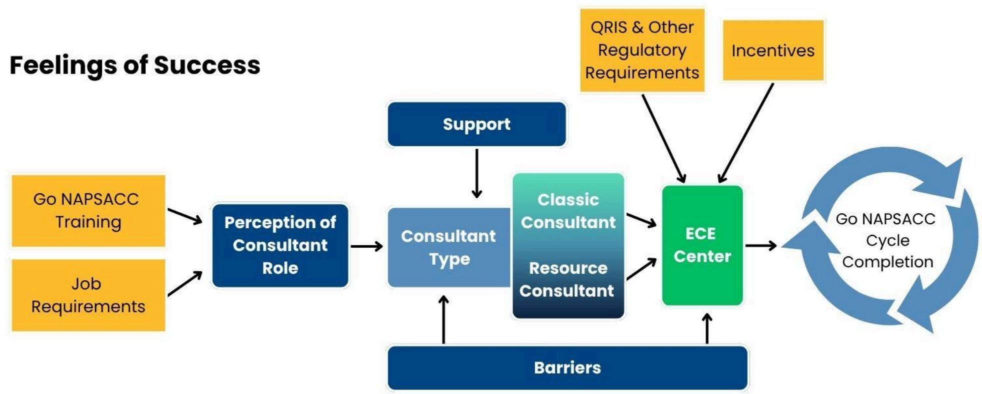

Figure 3. A conceptual map visually displaying the relationships between study themes (in blue), external factors (in yellow), ECE centers (in green), and Go NAPSACC cycle completion (depicted as a circle composed of three arrows).

Table 3.

Textual examples from interview transcripts support themes and subthemes developed from the qualitative interviews.

Themes	**Clusters**	***Quotes***
Consultant Types & Modes	**Classic Consultant: An** Individual who described themselves as providing hands-on support to childcare providers using Go NAPSACC over a long (> 6 months) period of time.	*"...I even like to go through one session with them so they can see actually how it's done with the children and how getting them trying to go back use their assessment that they've taken and do follow up to better their skills. It is not just to do an assessment, but it's to give them their strengths and their weaknesses. (Interview 6)"*
	Resource Librarian: An Individual who described themselves as providing childcare centers with resources only and/or as connecting childcare centers to external supports	*"If they're understaffed and I know that they're not going to use it, then I just give them the resources from Go NAPSACC. (Interview 7)"*
	Cohort Consulting: A Consulting model where multiple childcare centers, who may or may not be focusing on the same topic, receive support from a TA Consultant as a group.	*"How we did it when we did a cohort model was I would meet with all the centers together and we would go through the requirements of the cohort and I would show them how to do the Go NAPSACC assessment. And then at the end they do a post assessment. (Interview 8)"*

Table 3 (continued).

Role of a TA	**Keeping centers on task:** Process where TA Consultants interact with childcare centers to ensure that the centers continue to work on their Go NAPSACC goals.	*"...once I get 'em looped in, they're excited, it's a new thing. They're working on these goals that we set for our coaching and so… …they get through those first few steps about halfway through right before that last self-assessment is typically when things will stall. And so I'll have to make sure I am consistently going out every two to three weeks and asking them how is this going? Is there anything I can do to support you? …I make sure to keep it relevant, keep bringing it up, ask about it nonjudgmentally of course, and just offer support around getting through those. (Interview 5)"*
	Training offered to centers: TA Consultants provided direct education to ECE centers on how to use the Go NAPSACC tool.	*"So my plan is to reach out to Partnership for Children and set up another training with their childcare providers and focus it solely on Go NAPSACC and basically say, "Hey everybody bring your laptops or your iPad or whatever connections you have… …we're going to get you set up here and we're going to kind of do this together. We're going to all start from scratch and we're going to just go at our own pace and we're going to kind of mess up and fall flat on our face, but we're going to do it together. (Interview 9)"*
	Educating centers: TA Consultants provide training on the content of the modules contained in Go NAPSACC to the ECE centers.	*"Well, whenever they're doing their lesson plans, it helps them to plan the physical part and with that they have the resources, everything they need to do that lesson so they don't have to go out and try to find things, but everything is there that they need. (Interview 6)"*

Table 3 (continued).

Center Barriers	**Can't engage:** ECE centers that do not have the capacity to engage with Go NAPSACC because of funding, timing, or staffing restrictions.	*"I think my most current [challenge] was the one with… my local center that I went to. And again, it took a while to get her involved. I guess she was concerned with time again and just kind of resources. And I think funding… was a big challenge for her. She's an independent center and so her owners are not that forthcoming with funds, so she was concerned of how to add things in economically. (Interview 3)"*
	Doesn't want to engage: ECE centers that express that they do not wish to participate in Go NAPSACC for any reason; this does not describe centers that are unable to participate.	*"I previously talked about when that one director kind of wanted to stop full because of all the other stuff going on in the center. When leadership or directors or whomever that are in a more higher position of power lose interest, the rest of the center then doesn't get to continue or complete. (Interview 5)"*
	Attempts to engage, but has problems: ECE centers that utilize Go NAPSACC, but encounter difficulties in implementing the tool.	*"Yeah, so one of the most challenging ones was resources in general. So not that your website or tool doesn't have enough resources, that it was too much too much for them to keep up with at one time. They didn't want to go through all the modules, try to get all their staff together, find a time to do that in another center. (Interview 5)"*
TA Supports & Barriers	**Support Needs:** The types of support requested by TA Consultants when asked what would allow them to perform their roles better.	*"And we always [want] to get more money for programs, but we've got to get the… quantitative data that says, "Hey, we served vegetables from the local [farm] this many times last week, we did this many outdoor activities that are approved [to] meet all the standards, do all this stuff. We finished this many goals…" So if we could present that kind of data… …the money's not going to come until we can show what we're doing. (Interview 4)"*
	Existing Support: The support TA Consultants already receive in the day-to-day process of completing their Go NAPSACC responsibilities.	*"...if I forget something, I will go back and look at the consultant manual. ...there's an info sheet for everything, and so it's a lot of time went into trying to make it really user friendly. So I would say, and I've utilized that too several times where I'm like,"oh, I don't remember how to do that. Let me look at how to manual and see if I can figure it out". (Interview 1)"*

Table 3 (continued).

TA Supports & Barriers Continued	**Job Integration:** How Go NAPSACC responsibilities are or are not integrated into the TA Consultant's full-time job.	*"And I think the hardest part [of being a TA] would be just adding those technical assistant activities just because it is not a regular thing on my to-do list, so it kind of gets lost, I think. (Interview 2)"*
	Lack of Training: TA Consultants expressed their views on the areas in which they need further support to perform their Go NAPSACC responsibilities effectively.	*"Well, if they decide to take any of these recommendations and change their action plan, it would be nice to have an action planning training, a basic one. The other thing that would be nice is a training on their cohort model to show us how those tools are useful. (Interview 8)"*
	Implementation Barriers: Issues that TA Consultants face when working with childcare centers to implement the Go NAPSACC tool, which may partially or entirely prevent implementation.	*"I have had a few of 'em to complete [a pre-assessment], but then it's like once they complete the first one, I guess they think that that's it. And then I had to constantly send out emails, "Can you complete?" It's like "The pre and the post, can you complete [it]?" (Interview 10)"*
Centers Experiencing Success	**What Consultants Provide:** The support, training, and resources that TA Consultants can give to the ECE centers they work with.	*"I love handouts and fact sheets and tip sheets and stuff like that. And that's what I find most of them want is materials they can share with their kids or their other employees. And so it's just really like, "Hey, here's this handout. You don't have to create something. I don't have to go find another resource. It's right here." …They tell me what they're struggling with and it helps that they don't have to recreate the wheel. (Interview 9)"*
	Why Centers Participate: The reasons ECE centers choose to utilize Go NAPSACC to improve their child's physical activity and nutrition-related policies and practices.	*"It is just if NAPSACC is embedded in one of the [licensing] pathways or there is incentive to do it, programs are more likely to choose and then want support around that. So yeah, I think it was just really hoping that it was part of the new licensing, the changes. (Interview 1)"*

Table 3 (continued).

Centers Experiencing Success Continued	**What Makes Participation Easy:** Reasons TA Consultants report ECE centers perceive as contributing to their success in implementing the Go NAPSACC tool.	*"And because I had the one who was a garden champion and then she was retired and then the other lady, [name], she was a great champion for anything with the kids to be engaged, but then she got a new position and now she's in a whole nother county school system. So I think those are the biggest things is just people resources to help champion the NAPSACC program. (Interview 2)"*
Consultants Experiencing Success	**Engaging centers:** Ways TA Consultants help ECE centers stay connected so they can implement Go NAPSACC.	*"As it says, it's got a library of materials just at my fingertips. And if somebody comes and has a question… …here's materials and these are the same materials that are being provided at all of the childcare centers. This is what's recommended by your USDA. So if you're getting funding to provide snacks or whatever else, this is going to meet those school child eating requirements there and you don't have to figure it out yourself. (Interview 9)"*
	Using the tool: The aspects of using the Go NAPSACC online tool that TA Consultants feel contribute to their success in implementing Go NAPSACC with childcare centers.	*"And it actually makes that easier because it kind of walks you through how to write an action plan and it actually prints it out for you. So I think it makes all that work easier. (Interview 4)"*
	Remembering their "why": TA Consultants shared their motivations for using the Go NAPSACC tool with ECE centers.	*"...I am personally, professionally very, I very much believe that children learn best when they are doing, and they are actively involved in constructing their own learning and are surrounded by adults that are following their cues, their lead. And I think that being outdoors is just a really essential part of development. So I would say that my own philosophy is really integral and all these in health and wellness and doing. And so that motivates me to want to do this work because I love it and I tend to live it too. (Interview 1)"*

Table 3 (continued).

Consultants Experiencing Success Continued	**Working with committed centers**: The way childcare center commitment levels affect TA Consultants' perceptions of their success implementing Go NAPSACC.	*"We had gone through some professional development planning and one of her ideas was possibly getting the garden and some new homemade recipes for the childcare center as she creates those and the menus. So I shared with her that we had some resources from Go NAPSACC and I mentioned that to the director and she was all for it. She was very interested in learning more about that process. (Interview 3)"*
	Existing TA support: The current support TA Consultants receive that they perceive as positively affecting their ability to implement Go NAPSACC with childcare centers.	*"So I would say having live trainings where people can attend and that they're a series, so it's not long hours of training, which is by the hour or two your brain is numb. So these short trainings where people can just get little bite-sized pieces of it… I've appreciated those. (Interview 8)"*

Theme 1: Role of a Technical Assistant Consultant

When describing their role, TA Consultants described three areas: *Keeping Centers on Task*, *Offering Training*, and *Educating Centers*. These can be seen in how TA Consultants described their roles and the activities they undertook on a day-to-day basis in light of their role. Two main features emerged as defining characteristics of their roles as Go NAPSACC TA Consultants. Firstly, participants expressed that their role was to *Keep Centers on Task* as they utilized Go NAPSACC. They accomplished this by finding ways to encourage center participation, helping centers create goals to work toward, and regularly reminding centers of their goals and of the resources at their disposal. Second, they viewed their role as that of an educator for the tool and content at the centers. They provided that education in a myriad of ways. Some TA Consultants provided individual, hands-on training in an in-person format for their centers.

In contrast, others facilitated group training, either in-person or virtually, as part of a cohort model. All of the participants stated that they provided their centers with or directed them to content-based resources from the Go NAPSACC website. However, a distinction was made between TA Consultants who do this in addition to the above methods of educating or as a standalone way to provide support for ECE centers. This distinction is discussed further in the second identified theme.

Theme 2: Consultant Types & Modes of Operation

Based on TA Consultants' perceptions of their roles, two consultant types and one consulting mode emerged from the data. *Classic Consultant*, *Resource Librarian*, and *cohort consulting*. The first two subthemes are best described as a spectrum of consultant behaviors, with some consultants aligning closely with the subtheme definitions and others falling somewhere in between the two styles. The third subtheme, *cohort consulting*, is a method by which either type of consultant can choose to fulfill their responsibilities. TA Consultants who provided hands-on, in-person training and focused on building lasting relationships with their centers were referred to as "*Classic Consultants*." Precisely 50% of the participants in our study solidly fell into this category. The following quote could summarize their models of consulting:

"And so in my experience, it's been really helpful to cultivate those relationships with each other so that they can call on each other too, just because they're kind of in the trenches and may have similar things going on at their programs. So yeah, it's all about their relationships, I would say like relationship-based coaching and cultivating those relationships with each other and all the work I do, I don't always have this. In the past few years I've focused a little bit more on having cohorts and that's been really nice and beneficial I think for everyone. (Interview 1)"

The remaining five consultants operated on a spectrum from the "*Classic Consultant*" style to the "*Resource Librarian*" style, the other primary form of consulting that participants described. Consultants using the "*Resource Librarian*" style of consulting connected their centers directly to the resources found on the Go NAPSACC website, other ECE centers that had had success, or external resources, such as Cooperative Extension, that could help the center meet its goals. These consultant-center relationships were described as short-term, lasting less than six months or completing one goal in Go NAPSACC or less. It should be noted that the TA consultants who fell on the "*Resource Librarian*" side of the spectrum expressed a desire for longer relationships with the centers, but perceived that the centers with whom they partnered did not want to engage in long-term relationships. This can be seen in the following quote:

"They think it's like that nine-week program, or they think it's like, oh, you're just going to bring me resources. We're going to be done, and then I'll call you next year when I need something. It's just like, no, this is kind of an ongoing thing here. (Interview 9)"

Additionally, participants expressed multiple reasons for taking the "*Resource Librarian*" approach. One individual stated that she decided what consulting style to use based on this principle: "If they're understaffed and I know that they're not going to use it, then I just give them the resources from Go NAPSACC. (Interview 7)" The same consultant expressed sympathy for her ECE centers, saying that she understood why they did not feel they had the capacity to engage with Go NAPSACC and that she did not want to add something else to their already full plate. Other TA Consultants chose to consult in this way for a different reason. Consultants whose full-time positions only recently incorporated Go NAPSACC were likely to express that a lack of time on their end meant that the only way they could implement the tool was to simply share resources without "hand-holding." This sentiment was clearly expressed by one participant who stated "This is just one of the programs that I do and I [work with] two counties, so I don't have that time to hold their hand. I mean… I can email you, I can email… 20 sites all at one time, but I don't have time to call you and make you click: "Yes, I accept your invitation." (Interview 9)."

Theme 3: Consultant Supports & Barriers

When discussing support and barriers, TA Consultants discussed five different areas: *existing support*, *support needs*, *job integration*, *lack of training*, and *implementation barriers*. In terms of *existing support*, TA Consultants expressed that they were receiving the kind of support they needed. This was especially the case when it came to regular training webinars and having quick access to the Go NAPSACC National Team to get their questions answered. They appreciated being able to access materials from the Go NAPSACC website easily on their end, as well as connect with their peers before and after the training webinars. However, many consultants expressed that this alone was not enough. Some consultants stated that improving the tool itself and then receiving training on the improvements would provide the most support for them, as can be seen in the sentiment of one participant's reply of "Well, if they decide to take any of these recommendations and change their action plan, it would be nice to have an action planning training, a basic one. (Interview 8)" Other TA consultants felt they would be best supported if there were a formal way for them to network with their peers. They desired mentorship relationships where they could learn from one another's failures and successes. Finally, two consultants specifically said they needed the ability to collect high-quality, specific quantitative data to keep their programs running. They wanted to be able to report the exact numbers of meals served or activities completed that aligned with best practices in order to numerically demonstrate the progress their centers were making.

The inability to collect the kind of quantitative data they desired was not the only issue our participants expressed experiencing. A lack of time and a lack of integration with their full-time jobs proved to be major barriers for Go NAPSACC TA Consultants. One consultant (2) stated that she feels like her Go NAPSACC activities "get lost" in the rest of her work, while another mentioned that she only used the tool to collect quantitative data and that it is not an official part of her job at all.

For consultants who can engage more regularly with their Go NAPSACC work, other barriers emerged. Those barriers centered on the idea that, although they were trained to use the tool in theory, actually using the Go NAPSACC tool with centers proved more challenging than they expected. Participants had difficulty navigating the website, engaging centers, and keeping them engaged. They expressed a desire for more training on these topics, but often struggled to identify what that training would look like. One individual summarized it well, stating, “I don’t know what questions I have because I don't know where to start. (Interview 9)”

Theme 4: Technical Assistance Consultants Experiencing Success

Five subthemes emerged when discussing how consultants experience success: *engaging centers*, *using the tool*, *remembering their “why”*, *working with committed centers*, and *existing TA support*. Success was experienced differently by each of the ten consultants we interviewed, but many of their definitions had their centers completing a goal as their main component. Some held strict views, stating that they did not feel successful in their work with Go NAPSACC because no centers had completed a full implementation cycle for a goal. Others broadened their definitions to include positive feedback from centers regardless of goal completion:

“So again, seeing the smiles on the kids’ faces, seeing, hearing the childcare providers saying the kids are responding more, they really enjoy that activity or that kind of stuff. Getting that feedback from that is beneficial as well. (Interview 9)”

Despite the differences in how TA Consultants defined success, the factors that led them to it or that they felt would allow them to be successful were universal. Those factors were best broken down into the categories of existing support, the tool’s usability, committed centers, and their own motivation. Participants felt that having access to the Go NAPSACC National Team, being able to connect with other consultants, and receiving regular training refreshers would give them the foundation they needed to help ECE centers implement the tool. The consultants expressed that the tool's relative ease of use and easily accessible materials on their end also contributed to their feelings of success. They also explained, however, that there was only so much they could do on their end to ensure their success. They had to be working with ECE centers that had their own motivation for using the tool, a person who would "champion" or encourage the tool's usage, and a director who had an interest in making fundamental changes through Go NAPSACC. One TA Consultant described her most rewarding experience as being exclusively the result of a committed, involved center:

"They were super on board, they were so excited to go through all the steps to implement these things, to learn these strategies and to support their parents that were breastfeeding within their center. And so I feel like that was one of the most rewarding experiences through Go NAPSACC and one of the more seamless ones where they've completed it and they were motivated the entire time. (Interview 5)"

Ultimately, the ability to work toward a goal that the TA Consultants felt personally motivated to achieve proved to be a significant factor in their success. Even the consultants who said they did not feel successful in getting centers to complete the Go NAPSACC implementation cycle for a goal still thought that they had some success because they were meeting their own personal and professional goals by utilizing Go NAPSACC. One participant described it in this way:

"...I am personally, professionally very… I very much believe that children learn best when they are doing, and they are actively involved in constructing their own learning and are surrounded by adults that are following their cues, their lead. And I think that being outdoors is just a really essential part of development. So I would say that my own philosophy is really integral and all

these in health and wellness and doing. And so that motivates me to want to do this work because I love it and I tend to live it too. (Interview 1)"

Theme 5: ECE Center Barriers

Within this theme, the angle that we explored in the interviews was why participants thought ECE centers did not want to engage or struggled to engage with Go NAPSACC. Participants described three scenarios–which represent our subthemes–their less engaged centers fell into: 1) centers that cannot engage, 2) centers that do not want to engage, and 3) centers that attempted to engage, but encountered problems after doing so. In the first scenario, ECE centers are prevented from using Go NAPSACC because they lack the time, funding, or staff to do so. These centers often find themselves overwhelmed by staff turnover, with teachers and administrators constantly having to fill multiple positions simultaneously. There is no room on their plate for anything else. If they did have the time or the staff to facilitate Go NAPSACC, these centers run into a funding wall. One consultant described one of her centers as having hit that proverbial wall in this way:

"I think my most current [challenging situation] was the one with the center, my local center that I went to. And again, it took a while to get her involved. I guess she was concerned with time again and just kind of resources. And I think funding was a big thing, was a big challenge for her. She's an independent center and so her owners are not that forthcoming with funds, so she was concerned of how to add things in economically. So that was a big challenge. (Interview 3)"

The second scenario consultants described may include centers that have the previously mentioned issues of staffing, funding, and time, but were more likely to decline because they did not have any interest in taking on another thing. Participants said this type of center routinely feels that they have too many other priorities, typically legally required ones, such as licensing requirements, to work on something optional like Go NAPSACC. It is important to note here, as TA Consultants continually pointed out, that ECE center directors are the ones who decide whether or not the center will use Go NAPSACC. If a center director agreed that the tool is not a priority, then it would not be used. This tied into the sentiment of center directors expressing that they have other priorities to attend to; they are the ones who handle all licensing requirements.

TA Consultants explained that they experience the third scenario with nearly all of their centers that use Go NAPSACC to work toward completing a goal. Some consultants stated that the Go NAPSACC website, specifically the embedded action planning tool, caused their centers' difficulty. One of those consultants wished that "we actually had an action planning tool in there that wasn't based on the assessment, but that they could write in their tool because it's [really] hard for [the centers]. (Interview 8)" Other consultants felt that their centers' challenges arose, not from the features of the website, but from the fact that a website as the basis for the tool was the wrong approach for the demographic working in early childcare "So for the tool, what I find most challenging is a lot of our providers aren't as technologically savvy. So getting them on the website at first can be a challenge. And then remembering their login info [for] that, (Interview 5)" was the statement of one TA Consultant who felt this way. Finally, participants whose centers did not have issues with using the website or technology in general found that disseminating all of the information to the entire center proved to be a problem:

"Yeah, so one of the most challenging ones was resources in general. So not that your website or tool doesn't have enough resources, that it was too much too much for them to keep up with at one time. They didn't want to go through all the modules, try to get all their staff together, find a time to [go through the material] in another center. (Interview 5)"

Theme 6: ECE Centers Experiencing Success

Our final theme focused on what consultants can provide, why centers participate, and what makes participation easy. To discover these subthemes, we asked our interviewees the question of how ECE centers experience success. Consultants agreed that a center's success in completing a goal for a Go NAPSACC module depends on the support they provide as consultants, the ease with which the center can accomplish the goal, and why the center chose to use Go NAPSACC in the first place. Participants stated that centers that found the website easy to use and had a director who was supportive of using the tool were likely to complete a goal. This was especially the case if the goal pertained to something the center had already been doing or wanted to do before they started using Go NAPSACC.

Building on that idea, consultants found that they were often able to motivate their centers by connecting Go NAPSACC to licensing or other legal requirements. TA Consultants, whose jobs required them to work directly on these issues, described how they would inform centers that Go NAPSACC was the tool they intended to use to help them meet those requirements. Participants who were not in an official position to ensure the use of Go NAPSACC in this way expressed the desire for the tool to be officially connected to licensing so they could link the two more easily:

"Well, I was hoping that with the new Pathways, with the new license, that it would be, and it was in there, but I actually have to go through all that. It is just if NAPSACC is embedded in one of the pathways or there is incentive to do it, programs are more likely to choose and then want

support around that. So yeah, I think it was just really hoping that it was part of the new licensing, the changes. (Interview 1)"

Another motivator for centers, according to TA Consultants, was the inclusion of asynchronous training videos embedded within each module. The NC DCDEE has approved these training videos to contribute to an ECE teacher's yearly professional development requirements. This meant that, by using Go NAPSACC, centers could provide their teachers with training they could complete at their own pace, for free, that was guaranteed to count toward their professional development. One participant quoted one of her centers as saying, "Oh, this is great. I can go on here and do these training sessions and learn more, just because it's on demand. (Interview 1)" Another consultant (9) stated that one of her centers was motivated, not only by these asynchronous training materials, but also by the fact that lesson plans and curricula were already available that they could access within Go NAPSACC.

The final thing that some TA Consultants described as being predictive of an ECE center completing a goal was whether or not they had a financial incentive to do so. One consultant who rated her own success with the tool highly stating that her organization can provide a grant to her centers for every goal they complete:

"And then we, because we're able to give out grants at this moment, we give out a grant based on the goal achievement that they have achieved. So they have to do a post assessment a year later to showcase that they have actually achieved the goals that they set out for. (Interview 8)"

Another TA Consultant expressed hesitancy to use financial incentives in this way because "if you give incentives, they're going to be expecting this. (Interview 10)" That consultant's apprehension appeared to be confirmed by the consultant (8) whose organization gives out incentives for all goals completed, who said, “If I don’t pay them to do it, they won’t do it. (Interview 8)”

DISCUSSION

This phenomenological research study explored the lived experiences of Go NAPSACC TA Consultants, focusing specifically on how they experience success, the supports they need, and the barriers they encounter in assisting ECE centers with completing a Go NAPSACC implementation cycle. We discovered that the consultant-center relationship, and, therefore, a center's ability to complete a Go NAPSACC cycle, is heavily influenced by a variety of factors external to the consultant-center relationship itself (**Figure 3**). Our study’s findings highlight the complex and often conflicting nature of how TA Consultants perceive themselves and their role in the goal completion process, as well as the factors that influence the childcare facilities they work with.

As it currently stands, the NC-based Go NAPSACC TA Consultants we interviewed viewed and executed their roles in nonuniform ways. This is best described using a spectrum between two consulting types: the “Classic Consultant” and the “Resource Librarian.” Participants who viewed themselves as the “Classic Consultant” provided long-term, hands-on support to their centers that usually occurred in-person. This type of support aligns with the intended use of the tool, as described in Benjamin et al. (2007a). As initially designed, Go NAPSACC’s TA Consultants were intended to support ECE centers by assisting them in developing action plans, providing direct education on the topics included in their goals, and consistently checking in with centers on the progress of their goals (Benjamin et al., 2007a). Those whose views of themselves more closely aligned with our category of “Resource Librarian,” however, did not align with the intended activities performed by a TA Consultant. They were more likely to engage in short-term relationships where their primary purpose was to connect ECE centers with topic-based resources. This may at first appear to be a proper employment of Situational Leadership Theory, a theory that states that leaders should adapt their style of leadership to the situation at hand (Hersey & Blanchard, 1969; Simmons, 2023). However, the consultants who utilized the "Resource Librarian" approach in our study indicated that they did not typically make their decision to offer this style of consulting based on the ECE centers they were working with, but rather based it on their own abilities and availability. Some participants went on to indicate that, even if a center requested a more hands-on approach, if they did not feel they had the time to do so, they would tell the center that a hands-on approach was not an option. This is not to say that all consultants who did not fall into the category of "Classic Consultant" operated this way. The majority of those who were not identified as "Classic Consultants" utilized an approach somewhere between the two styles that may actually be reflective of a correct use of Situational Leadership Theory (Hersey & Blanchard, 1969; Simmons, 2023).

It is clear that the development of these consulting types was multifaceted, as illustrated in the previous figure (**Figure 2**). Participants' views of their roles were influenced by the Go NAPSACC training they received, as well as the requirements of their full-time jobs. Those views determined the type of consulting they typically employed. Their chosen type influenced what they considered success to be and, therefore, the actions they took. This potential variability in consulting practices may mean that ECE centers within a state may not receive a uniform Go NAPSACC experience. Some consultants may provide a hands-on method of walking centers through accomplishing their goals, while others are simply providing resources to address their centers' issues. Beyond the issue of inconsistency and its potential to reduce the quality of consulting offered, another challenge is that the Go NAPSACC tool was validated using a design that included the use of TA Consultants who employed a specific definition of the technical assistance process (Benjamin et al., 2007a & Benjamin et al., 2007b; Chiappone et al., 2018). If that process is not followed in practice with fidelity, centers may not be able to expect the same results observed in the initial study.

Beyond the variations in style, the interviewed NC-based consultants held a variety of positions within and were employed by different organizations (i.e., SSTC, Cooperative Extension Agents, Program Managers, and CCHC). This diverges from the type of full-time position held by TA Consultants described by Benjamin et al. (2007a) in the discussion of Go NAPSACC's intended use. TA Consultants were designed to be individuals who already had relationships with ECE centers through the state's Department of Health and Human Services, such as registered nurses and child health consultants (Benjamin et al., 2007a). Each of the individuals in our study had varying levels of existing relationships with and state-backed authority over ECE centers.

Job types also appeared to influence the amount of time consultants in our study spent on consulting activities, likely related to employers' expectations for implementing Go NAPSACC as part of their job duties. For example, when some individuals, such as the Cooperative Extension Agents in our study, had Go NAPSACC added to their responsibilities, they were often unable to provide the necessary involvement required for Go NAPSACC's intended implementation due to their existing obligations (Benjamin et al., 2007a). Additionally, the Cooperative Extension Agents in our study did not have a natural connection to ECE centers, unlike the SSTC and CCHC, which participated in our research. Similar to Benjamin et al.'s (2007a) intended TA Consultant, NC-based TA Consultants in a SSTC or CCHC role appeared to possess additional expertise ECE centers needed. These individuals also demonstrated a stronger understanding of NC's QRIS standards and, as a result, may have been able to suggest more effectively how to use Go NAPSACC to meet licensing or other regulatory requirements. Several of the TA Consultants in our study indicated that they wanted Go NAPSACC to be directly connected to licensing requirements, citing this as the ideal way to encourage centers to utilize Go NAPSACC. This proposed idea aligns with prior research on childcare providers' perceptions of licensing systems and how they shape their decision-making processes, albeit the connection does not highlight a positive association. Shdaimah et al. (2018) found that childcare providers will change their behaviors to meet licensing requirements, even if they do not perceive the requirements as supporting their own or the children's best interests. Thus, it follows that linking Go NAPSACC to licensing requirements would increase the likelihood of ECE centers using the tool. However, this approach to implementing Go NAPSACC is entirely opposed to the original intent of the tool, as described in Benjamin et al. (2007a). Go NAPSACC was intentionally not associated with licensing, allowing ECE centers to accurately assess themselves without fear of legal repercussions if improvements were needed (Benjamin et al., 2007a).

With that being said, participants in our study who suggested connecting Go NAPSACC with NC's QRIS standards meant to better align the tool with the current decision-making processes of the ECE centers they work with. According to the TA Consultants in our study, regulatory and licensing standards heavily influence ECE centers in what they choose to implement versus what they do not. The same research that highlighted childcare providers' varying views on licensing standards also explained the extent to which maintaining adherence to licensing standards consumes an ECE provider's time. Shdaimah et al. (2018) found that many ECE centers believed that regulatory standards consumed a significant portion of their time. These centers struggled to stay in compliance with licensing requirements due to the requirements' focus on intensive documentation that led to large amounts of time-consuming paperwork (Shdaimah et al., 2018). The researchers also reported that changes in regulations, like increased minimum wages and facility improvement requirements, taxed centers' resources by requiring significant financial investments on the part of the ECE centers (Shdaimah et al., 2018). We saw the same sentiment expressed about childcare centers from the participants in our study. They explained that an ECE center's decision on whether or not to utilize Go NAPSACC was influenced by licensing concerns, financial resources, time, and staffing challenges. These issues have previously been identified as factors that contribute to ECE centers' decision-making processes (Whitebook & Sakai, 2003; Kwon et al., 2022; West et al., 2023).

It is no surprise then that the consultants who were able to provide financial incentives to their ECE centers reported greater feelings of success, as well as higher compliance rates, than the consultants who did not or could not offer incentives. Providing a financial incentive eliminates one of the four factors identified as impacting ECE center operations (Whitebook & Sakai, 2003; Kwon et al., 2022). Since the consultants in our study identified the cost to make changes as a reason that ECE centers choose not to utilize Go NAPSACC, financial incentives serve as a direct way to increase interest in the tool. This method for increasing implementation may appear to be successful, but it should be noted that it requires the TA Consultant or their organization to have the funds to offer incentives in the first place. This could mean that ECE centers being served by TA Consultants who do not have access to the financial resources to provide incentives are not able to participate in the program. Ultimately, financial incentives may compromise fair access to the tool.

The longstanding nature of issues with funding, staff turnover, and limited time formed what our interviewees referred to as a childcare crisis (Kwon et al., 2022). That crisis is a significant barrier to ECE centers' ability to use Go NAPSACC to make positive changes in their physical activity and nutrition-based policies and practices. Every participant in the study reported that nearly all the centers they worked with had three significant problems: a lack of time, inadequate funding, and understaffing. Centers often viewed Go NAPSACC as an additional task that would consume what little time and money they did have left over. Much like the centers described by Kwon et al. (2022), our participants found that high turnover rates also consumed a significant amount of time in their ECE centers. Directors had to wear multiple hats to keep their centers running. They did not feel that they had time to dedicate to something that would require them to analyze their policies and practices, create goals, and make changes to achieve those goals. This was especially the case when centers could not see how Go NAPSACC related to licensing and other regulatory standards, a factor that, as we already mentioned, heavily influences their decision-making processes (Shdaimah et al., 2018).

Even when centers chose to utilize Go NAPSACC to make changes in their health-related policies and practices, the TA Consultants we interviewed indicated a clear preference for the modules they used. Modules that appeared to have some component of ease to them, whether through minimal time or minimal funding requirements, were routinely preferred by centers. Our participants explained this when they verbally elaborated on their module usage answers from their Pre-Interview Surveys. The Outdoor Play and Learning module, as well as the Infant and Child Physical Activity module, was consistently preferred. Many consultants directly stated that the reason for this was that these modules focus on activities that centers already had to prioritize due to QRIS standards, and changes could be accomplished with no money invested. This is in contrast to a module like Child Nutrition, which requires high levels of time and energy to make changes because it requires specialized knowledge and, often, special permissions from those holding a position higher than the center director. The enigma in this situation is the Farm to ECE module. It was ranked as one of the most used, easiest to implement, and most difficult modules. No other modules share all three categories in this way.

As NC is home to the Center for Environmental Farming Systems (CEFS) which houses the NC Farm to Early Child Care and Education (Farm to ECE) program, we theorized that participating in the CEFS Farm to ECE training–a training that utilizes the Go NAPSACC Farm to ECE module–may affect a TA Consultant's perception of the module. CEFS' Farm to ECE program aims to enhance "the health and education of young children by developing systems and experiential learning that connect children and their families with local food and farms (CEFS, n.d.-a)." As part of this program, CEFS offers a Farm to Collaborative that individuals who work with ECE centers can participate in. (CEFS, n.d.-b). Records from that training indicate that three of the ten participants in our study attended the training sessions (D. Bloom, personal communication, October 20, 2025). The three that attended did indicate that the Farm to ECE module was their most used module, with one participant also listing it as the easiest module. Interestingly, one of the participants that had attended the CEFS Farm to ECE training indicated that the module was the only one they used frequently. While this does show some relation between the training offered by CEFS and the frequency with which the Farm to ECE module was used, it does not fully explain the module's polarity. It leaves the remaining seven TA Consultants' views on the Farm to ECE module unexplained. What is clear is that additional training is likely important for TA Consultants' perceptions of modules, however, more research is needed to better understand this phenomenon. When this information is combined with the fact that Farm to ECE is composed of three parts (local food procurement, gardening, and nutrition education) with varying levels of time and effort required, it also indicates that further study is needed to understand if there are differences in perceptions among the three parts of Farm to ECE (United States Department of Agriculture, 2018).

The TA Consultants in our study who expressed difficulty with the Farm to ECE module attributed that difficulty to the need for more training. This desire was not exclusive to Farm to ECE, but was also represented by consultants who sought a better understanding of how to engage with ECE centers and navigate the barriers they face. This is unsurprising as it is well established that training and educational needs change as the operational landscape changes (Orfaly et al., 2005). While research by Kwon et al. (2022) indicates that issues of funding, time, and staff turnover have been long-term, the consultants we interviewed alluded to the fact that some of the difficulty they are facing could be connected to the changing and more time-consuming licensing systems described by Shdaimah et al. (2018). Regardless of the reason, it remains true that the TA Consultants we interviewed believe that increased training would enable them to perform their Go NAPSACC duties more effectively. These topics could be included in the regular webinars and newsletters that TA Consultants receive from the Go NAPSACC National Team; this format has been shown to work well for our participants. Suppose TA Consultants received additional training on how to best support the ECE centers they work with in light of their funding, time, staffing, and licensing constraints, as well as how to integrate Go NAPSACC into their full-time jobs. In that case, this could lead to an increase in ECE centers completing the Go NAPSACC implementation cycle and improving their health-related policies and practices.

IMPLICATIONS FOR RESEARCH AND PRACTICE

The findings of our study suggest several strategies that could enhance the overall experience of TA Consultants when working with centers to implement Go NAPSACC, including clarification of the TA Consultant role, guidance on the ideal TA Consultant candidate, and increased support for engaging centers in light of the current childcare crisis. These changes may be quantifiable through increased compliance and goal completion; however, further study is needed to confirm this theory. In the interim, our findings suggest that clarification is needed on the expected role of a Go NAPSACC TA Consultant. Previous research conducted by Chiappone et al. (2018) indicated that the quality of the consulting relationship was a key factor in completing the Go NAPSACC implementation cycle. The variability in consulting styles in NC does not result in consistent consulting. Instead, ECE centers are likely to have entirely different understandings of what Go NAPSACC is based on the consultant they work with. For this reason, the Go NAPSACC National Team may consider creating a formal job description or set of expectations for those being trained as Go NAPSACC TA Consultants. The description of a TA Consultant's role, as outlined in the documents related to the tool's development (Benjamin et al., 2007a), could assist in this process and help standardize the consulting experience ECE centers receive. One way to ensure this is to implement a coaching model (Yang et al., 2022). Coaching in ECE settings typically provides individualized support for center directors and teachers, designed to enhance their skills and confidence, enabling them to make informed choices.

Additionally, coaching should be a relationship characterized by joint problem-solving (Yang et al., 2022). Previous studies have demonstrated that coaching models are effective in the ECE setting. Dev et al. (2022) found that utilizing Cooperative Extension Agents as ECE coaches in implementing the EAT Family Style intervention led to changes in teacher and student behaviors and increased teachers' feelings of autonomy concerning the topic. They explained that the ECE teachers in their study viewed the coaching relationship as one that provided "practical and emotional support for improving their competence (Dev et al., 2022)." In practice, this model is similar to our definition of the "Classic Consultant" type and would ensure that ECE centers understand how Go NAPSACC connects to the problems they face.

That leads to our second suggestion: clarification on the ideal candidate for Go NAPSACC TA consulting is needed. The coaching model requires more time than the consulting implemented by those in our "Resource Librarian" category. It has already been discussed how the full-time positions of different individuals connect with their Go NAPSACC activity levels. Suppose it is clear that certain professions, like Cooperative Extension Agents, do not have the time in their schedules to implement Go NAPSACC with ECE centers in the ECE coaching style. In that case, they are likely not the best candidates for being TA Consultants. However, previous research indicates that Cooperative Extension Agents can be effective coaches if the intervention is integrated into their full-time position with clear direction on how to do so (Dev et al., 2022). Other roles, on the other hand, may already hold positions that require them to engage in coaching-style relationships with ECE centers. All five participants who solidly fell into the "Classic Consultant" category were employed as SSTCs. Suppose their role would allow for Go NAPSACC to be seamlessly integrated into their existing relationships with ECE centers. In that case, we posit that individuals in such positions are likely to make good candidates for Go

NAPSACC TA Consultants. However, we must pair this recommendation with a reminder that Smart Start is a NC-specific organization. There are likely similar position types in other states that utilize Go NAPSACC that would also fit the "Classic Consultant" model we are suggesting.

Our final suggestion for improvement is that greater support be provided for current and new Go NAPSACC TA Consultants. Our participants were clear that the support they have received is beneficial to them, but they also stated that it did not go far enough. They expressed a desire for training beyond how to use the Go NAPSACC website; our participants wanted guidance on how to engage with their centers and entice them to participate actively. They wanted to know how to correctly implement specific modules, such as the Farm to ECE module, and how to encourage centers to continue progressing through the other modules in Go NAPSACC after they have completed one goal. These are areas that are not covered in the training TA Consultants receive before they begin. Implementing required training on these topics, as well as understanding what it means to consult in the style of ECE coaching, can help Go NAPSACC TA Consultants experience greater clarity and a sense of success in their roles. These changes may then lead to increased compliance rates for ECE centers completing their goals in the state as well.

Our suggested changes are best summarized through a revised version of the model given in the results (**Figure 3**). The revised version (**Figure 4**) includes the ECE Coaching Model and illustrates how an ECE center's needs should influence the type of consulting they receive, as well as describing the way in which incentives influence the process as a whole. One notable difference is seen in the interaction between "Go NAPSACC Training" and "Job Alignment" (previously "Job Requirements"). These were previously separate categories that both influenced how TA Consultants view their role. Now, there is a reciprocal relationship between the two.

Only individuals whose job requirements align with Go NAPSACC should be trained as Go NAPSACC TA Consultants and the Go NAPSACC training should teach individuals how to best incorporate the tool and coaching-based consulting practices into their current jobs. Additionally, the initial training offered by Go NAPSACC should include strategies for working with ECE centers in light of the current issues of funding, time, and staff turnover. Compared to the way the process is currently operating, approaching the Go NAPSACC tool and consulting in the way depicted in this module should better provide support to ECE centers so that they can make systems-level changes and positively impact the lifelong health of the children in their care.

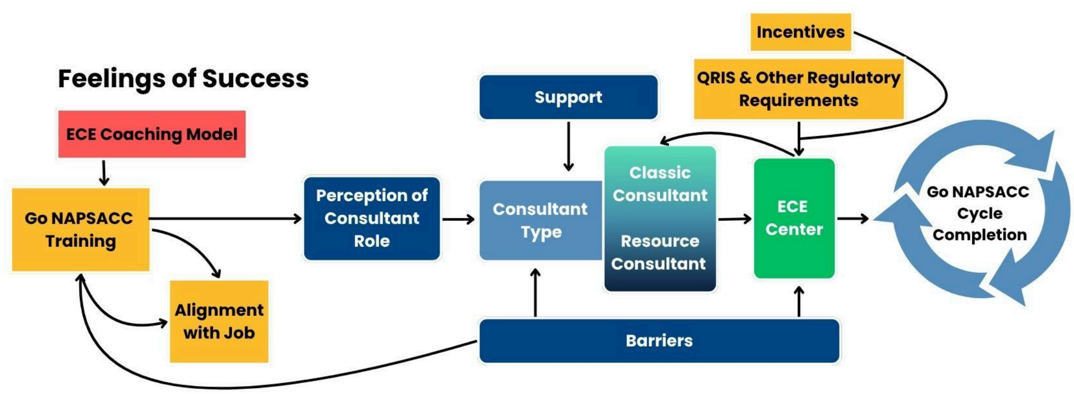

Figure 4. A conceptual map visually displaying the ideal relationships between study themes (in blue), consulting models (in red), external factors (in yellow), ECE centers (in green), and Go NAPSACC cycle completion (depicted as a circle composed of three arrows).

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CHAPTER 4: CONCLUSION

The purpose of this study was to examine the lived experiences of Go NAPSACC TA Consultants regarding the implementation of the Go NAPSACC tool in NC-based ECE centers. More specifically, the researchers examined how Go NAPSACC TA Consultants experience success, what barriers they face, and what support they need. This research was conducted in light of the prevalence of non-compliance, ECE centers not completing a full Go NAPSACC implementation cycle, in NC (Willis et al., 2002; West et al., 2023). The significance of this problem lies in the fact that ECE centers are missing an opportunity to decrease the likelihood of obesity in the children in their care, a goal that the Go NAPSACC tool has been proven to achieve when implemented correctly (Benjamin et al., 2007b).

The research team identified six key themes connected to this issue through in-depth interviews with ten Go NAPSACC TA Consultants: *Role of TA*, *Consultant Types and Modes*, *Center Barriers*, *TA Support & Barriers*, *Centers Experiencing Success*, and *Consultants Experiencing Success*. These themes highlighted the multifaceted nature of the consultant-center relationship and emphasized the impact of external factors in defining that relationship. TA Consultants defined and acted on their roles based on the training they received from Go NAPSACC, their full-time job responsibilities, and their perception of ECE center behaviors and preferences. This led to two different types of consulting: a hands-on consulting style that would lend itself well to a coaching model and a hands-off approach that focused on connecting centers to resources rather than building a relationship with them. The reality of the two methods reveals a deviation from the Go NAPSACC tool’s original design, likely resulting in a diminished quality of the Go NAPSACC experience for participating ECE centers (Benjamin et al., 2007a; Chiappone et al., 2018).

Beyond the variations in consulting approaches, TA Consultants observed that ECE centers struggled to achieve compliance with the Go NAPSACC tool due to the current state of childcare, characterized by high turnover, limited funding, and a lack of time (Whitebook & Sakai, 2003; Kwon et al., 2022). Intensive licensing requirements also monopolize the time of ECE center directors and the funding they have (Shdaimah et al., 2018). These factors leave little room for directors to take on what seems to them to be an additional task, such as utilizing the Go NAPSACC tool. TA Consultants struggled to engage with ECE centers because of these issues. They expressed a desire for direct training on how to acknowledge and incorporate the difficulties childcare centers face into their consulting approaches.

Taking all of these factors into consideration, the graduate research assistant and first author recommends that three actions should be considered in the steps toward improving the experiences of Go NAPSACC TA Consultants in NC and increasing the compliance rates of ECE centers in the state, therefore decreasing the likelihood of obesity in NC's early childhood population. The suggested actions include defining the consultant role, clarifying the ideal candidate, developing TA Consultant training to engage ECE centers in the current childcare climate, and creating a version of the Go NAPSACC tool that is sensitive to limited state-level funding.

Defining the Consultant Role & Clarifying the Ideal Candidate

The first challenge to be addressed is that of the TA Consultant role itself. The participants in this study did not present a unified understanding of their role, resulting in varying approaches to their consulting activities. These variations appeared to decrease overall consultant quality and likely reduced the effectiveness of the Go NAPSACC tool (Chiappone et al., 2018). Clarifying the role of a Go NAPSACC TA Consultant, as well as who would be an ideal candidate for the position, would likely circumvent some of these issues. To accomplish this, the first author suggests that a clear definition or job description for a Go NAPSACC TA Consultant be established. This could be achieved with relative ease, as the previous literature on creating the tool included a guide on how TA Consultants are to operate (Benjamin et al., 2007a). Benjamin et al (2007a) stated that TA Consultants are meant to provide hands-on, in-person support to their ECE centers by assisting in the creation of an action plan, providing direct education, and regularly checking in with the centers to discuss progress being made. Pairing this description with the existing literature on ECE coaching, a practice that fosters the development of rapport and relationships with ECE centers, would likely result in a job description for TA Consultants that is sensitive to the modern childcare climate (Yang et al., 2022).

Defining the role, however, is not enough to make significant changes in the actual implementation strategies of Go NAPSACC TA Consultants. Identifying the ideal candidate for the position is also necessary. The original intent of the tool was for TA Consultants to be either child care health consultants (CCHCs) or registered nurses who had existing connections with ECE centers due to their association with the state's Health and Human Services Department (Benjamin et al., 2007a). The consultants who participated in this study were not representative of these positions, making it likely that the majority of current Go NAPSACC TA Consultants do not hold the positions intended by the tool's original design. The first author is not suggesting that Go NAPSACC TA Consultants be restricted to only these positions, but rather that more clarity be provided on the types of jobs that would allow for Go NAPSACC's integration with their existing duties. Participants in this study who described Go NAPSACC as something added to the end of their to-do list routinely struggled to find time to build relationships with centers and fulfill their Go NAPSACC responsibilities. Participants who already had relationships with centers, such as SSTC and CCHC, did not experience the same struggles. It is for these reasons that the first author suggests that the Go NAPSACC National Team define the types of positions that integrate Go NAPSACC well, so that individuals trained as Go NAPSACC TA Consultants can effectively use the tool and assist ECE centers.

Developing Needed Training

It is well known that continued training and education are needed for individuals in the professional sphere (Orfaly et al., 2005). The expressed desires of the TA Consultants in this study indicate that this is also true in this instance. Providing TA Consultants with additional training they desire, on topics like engaging their centers in light of funding, staffing, and time challenges, may increase the compliance rates of ECE centers utilizing Go NAPSACC. This would likely be the case because the TA Consultants would better understand how to connect with their centers and build relationships with them. The need for feelings of connection in these kinds of consulting relationships is made clear by the literature on ECE coaching and the studies that have successfully implemented it, such as the study completed by Dev et al. (2022) that used coaches to increase ECE teachers' sense of competency in family-style dining (Yang et al., 2022). Suppose the Go NAPSACC National Team can provide TA Consultants with training based on the ECE coaching model. In that case, they would likely be able to better connect with the ECE centers they serve and, it would logically follow, create changes in their centers' physical activity- and nutrition-based policies and practices.

Adapting Go NAPSACC to Limited Funding

At the time this research was conducted, a state was required to commit $35,000 for a new contract or $32,500 for a contract renewal to have access to the Go NAPSACC online tool (R. Rairigh, personal communication, September 19, 2025). This covers the tool's usage contract, but does not cover additional administrative costs, including expenses that could be incurred if the state chooses to employ full-time TA Consultants that are not affiliated with other positions. The cost of Go NAPSACC may be prohibitive for states seeking to use the tool to reduce early childhood obesity rates, but that lack the financial resources to afford the contract. This issue is particularly timely as some states, including NC, used Supplemental Nutrition Assistance Program-Education (SNAP-Ed) funds to pay for their Go NAPSACC contracts (V. Stage, personal communication, September 15, 2025). The One Big Beautiful Bill Act (2025) eliminated funding for SNAP-Ed at the end of the 2025 federal fiscal year. As NC is not the only state that has utilized SNAP-Ed funds for its Go NAPSACC contracts, it would be advantageous for the Go NAPSACC National Team to develop a cost-effective format that can be used by states with limited funding that still aim to decrease their early childhood obesity rates.

The first author proposes that the Go NAPSACC National Team provide training on how to effectively utilize the paper version of the tool, previously known as NAP SACC, in cases where the online version's cost is prohibitive. The original paper-based tool included only the Child Nutrition and Infant and Child Physical Activity modules (Benjamin et al., 2007b). An updated version of this tool should comprise all seven currently in use modules, as well as any proposed modules that will be released on the online platform. There would be a few differences in the application of the tool, with the main difference being the inability of TA Consultants to view the progress being made by their ECE centers digitally. Otherwise, the Go NAPSACC implementation cycle would continue as intended. A TA Consultant would work with a center on an identified goal connected to one of the Go NAPSACC modules. The goal would be determined by having the ECE center director complete a now paper-based self-assessment on their chosen module, and strategies for achieving it would be developed through a collaborative effort between the ECE center director and the TA Consultant. The tool's implementation would now resemble its original design, as described in Benjamin et al. (2007a), with the following steps, including the consultant providing direct education on the chosen topic. After an ECE center took action on its goal based on the education it received, it would then take a paper-based post-assessment to assess the changes made quantitatively. As the original version of Go NAPSACC was proven effective in changing behaviors and, therefore, reducing early childhood obesity rates, the modern revitalization of the paper tool is expected to produce the same results (Benjamin et al., 2007b).

The main drawback of reverting Go NAPSACC to its paper form would be that ECE centers would no longer have access to the virtual training materials provided in the online tool. This is significant as many consultants in this study indicated that having asynchronous training materials that could count toward state-mandated continuing education requirements was a major attractor for ECE centers. A possible solution would be for the Go NAPSACC National Team to train Go NAPSACC TA Consultants to provide these continued education trainings, ensuring that the direct education provided to centers covers the same material and is state-approved for the same purpose.

Adapting the tool to an updated paper-based format would not only make it accessible when federal priorities shift but also ensure its continued relevance. Still, it would also address the issue of technology difficulties expressed by many participants in this study. In their experiences, many childcare centers are staffed by older individuals. These individuals, as observed by the study's participants, often struggle to use technology such as websites with multiple pages. A paper-based Go NAPSACC would eliminate the challenges those centers face and potentially increase their overall compliance. Further research would be needed to be conducted using the paper-based tool to determine if the online technology itself actually proves to be a barrier to implementation.

Future Research

There are several places where additional research is needed. The primary area of concern that this study did not examine is the lived experiences of ECE center directors and teachers. While understanding the lived experiences of TA Consultants is important, Go NAPSACC is a collaborative tool designed to be used by both TA Consultants and ECE center staff. Not examining center directors and teachers' actual beliefs and experiences concerning its utilization limits the potential understanding of how the tool is used, what is effective, and what barriers are encountered. Without the director and teacher perspectives, the only way to understand the answers to those questions is through how TA Consultants perceive them from the centers' perspective. It would be more accurate to understand these issues from the actual perspective of the centers themselves. This would create a fully fleshed-out picture of how Go NAPSACC is being implemented in NC.

Final Thoughts

In summary, Go NAPSACC is currently being implemented in NC in a way that potentially limits its effectiveness. The reasons for this possible ineffectiveness are varied; however, they could be improved by providing explicit definitions of the TA Consultant's role, training the consultants in a manner that is sensitive to the childcare climate and the need for relationship building, and acknowledging the financial challenges across the nation by providing a less expensive, paper-based version of the tool for states that are not able to afford the online tool's contract. If any of these actions are taken, additional research would be needed to determine if the changes result in an improvement of the noncompliance rate.

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APPENDICES

Appendix A. Email Recruitment Script

Email Recruitment Script
Go NAPSACC Consultant Interviews

Good morning/afternoon,

My name is Madison Lawson. I am part of the Go NASPACC team at NC State University. As the new State Lead, we are conducting a study on Go NAPSACC Technical Assistance Consultants in North Carolina.

We hope to identify challenges and needed support for NC-based TA Consultants when implementing Go NAPSACC so that we can improve the overall experience of consultants.

We want to learn more about YOUR experiences implementing Go NAPSACC as a TA Consultant.

We are recruiting trained Go NAPSACC Technical Assistance Consultants located in NC. To be a participant, you must
(1) agree to be in the study,
(2) be at least 18 years old,
(3) have been trained as a Go NAPSACC TA Consultant, and
(4) have implemented the tool in collaboration with at least one childcare center.

Participation will require you to complete a short online survey and participate in one 45-60-minute telephone interview to discuss your thoughts and perceptions about your county's access to nutrition and physical activity resources.

If you choose to participate, you will receive an electronic $25 gift card upon completing the focus group.

Your participation in this study is voluntary and confidential, and it is your right to stop participating at any point.

If you are interested, please complete the secure and confidential survey with your contact information by clicking this link:
https://ncsu.qualtrics.com/jfe/form/SV_1ENnZ4bVdz73bzo

Upon completion of the survey, we will contact interested participants via phone within the requested time frame.

Appendix B. Consent Form

Informed Consent Form for Participation in Research

Title of Study: NC Technical Assistance Consultants' Experiences with Go NAPSACC: Implementation Challenges and Opportunities for Improvement

IRB #27910

Principal Investigator(s): Virginia C. Stage, Ph.D., RDN, Assistant Professor, Nutrition Education & Behavior Specialist, Co-State Lead for Go NASPACC, Department of Agricultural & Human Sciences, North Carolina State University

Funding Source: Centers for Disease Control & Prevention (CDC)

Collaborating Researchers: Brenna Kirk, Ph.D., Project Coordinator, Department of Agricultural & Human Sciences, North Carolina State University; Pauline Grist, Ph.D., Program Evaluator, Department of Agricultural & Human Sciences, North Carolina State University; Madison Lawson, Go NAPSACC Research Assistant, Food-based Early Education (FEEd) Lab, Department of Agricultural and Human Sciences, NC State Extension, North Carolina State University; Dara Bloom, Ph.D., Associate Professor, Assistant Director of CEFS, Local Foods Extension Specialist; Emily Pendergrass, Regional Nutrition Extension Associate - EFNEP and SNAP-Ed, Co-State Lead for Go NASPACC, Department of Agricultural & Human Sciences

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You are invited to take part in a research study. Here are important things to know:

1. Your participation in this study is voluntary. You can choose not to participate without penalty. If you decide to participate and change your mind, you can stop participating at any time without penalty.
2. This research aims to examine the lived experiences of trained Technical Assistance (TA) Consultants utilizing Go NAPSACC, a tool designed to facilitate improvements in childcare programs' practices, policies, and environments to promote the health of young children in North Carolina. Specifically, this study seeks to investigate the challenges encountered by TA Consultants and the support needed—such as training and online resources—to effectively implement the Go NAPSACC tool and engage programs in the structured 5-step improvement process.
3. You will be asked to complete a Pre-Interview Survey (e.g., demographics) and then participate in an in-depth phone interview concerning your experience as a Go NAPSACC TA Consultant.
4. You are not guaranteed any personal benefits from being in this study. Research studies may pose risks to those who participate.
5. You may want to participate in this research because it may help improve your work as a TA Consultant, and you may find value in sharing your personal experiences.

6. You may not want to participate in this research because it will require time to engage in study activities, or you may experience negative feelings in recounting your prior experiences.
7. If you have questions about your participation in this research at any time, do not hesitate to contact the researcher(s) named above or the NC State IRB office via email at IRB-Director@ncsu.edu or via phone at 1-919-515-8754

Please read the rest of this consent form for more specific research details. If you do not understand something, please ask the researcher for clarification or more information.

What is the purpose of this study?

This research aims to examine the lived experiences of trained Technical Assistance (TA) Consultants utilizing Go NAPSACC, a tool designed to facilitate improvements in childcare programs' practices, policies, and environments to promote the health of young children in North Carolina. Specifically, this study seeks to investigate the challenges encountered by TA Consultants and the support needed—such as training and online resources—to effectively implement the Go NAPSACC tool and engage programs in the structured 5-step improvement process.

How many people will be in the study?

There will be approximately 50 participants in this study.

Am I eligible to participate in this study?

To be a participant in this study, you must (1) agree to be in the study, (2) be 18 years or older, (3) be a registered Go NAPSACC TA Consultant, and (4) have implemented Go NAPSACC with at least one childcare center. You cannot participate in this study if you do not meet the inclusion criteria.

What will happen if you take part in the study?

If you agree to participate in this study, you will be asked to do all of the following:

1. Sign and return this consent form to a member of the research team [5 minutes]
2. Complete a Pre-Interview Survey [5 minutes]
3. Complete an in-depth phone interview [45-60 minutes]
4. Complete a review of the transcript of their interview [5 minutes]

The total amount of time that you will be participating in this study is 60-75 minutes.

Recording in Research

Participants will be audio-recorded during the interview. We will use these audio recordings for transcription. We will transcribe and thematically summarize these recordings. We will keep these recordings and transcriptions for approximately 5 years after the funded project. You must agree to be audio-recorded to participate in this research.

Benefits of Participating in this Research

There are no direct benefits to your participation in the research. The indirect benefit is helping us to develop community policies and programs that increase access to healthy foods and safe places to be physically active.

Risks to Participating in this Research

There is minimal risk associated with your participation in this research.

What data will be collected about me, and are there associated risks?

The data collected about you include demographics, survey responses, and telephone interviews. These data are both directly and indirectly identifiable. However, directly identifiable data will be de-identified before analysis; stored data will not link participants to their original identifiers. Recruitment data will be stored separately from interview data in password-protected cloud storage, with access limited to researchers. This separation and de-identification process ensures that personal information is kept confidential and secure throughout the study.

With your permission, we would like access to the below records that you have already consented for Go NASPACC to collect. Apart from the Go NASPACC team at UNC, only the individuals named on this document will have access to these data. All information will be de-identified, so you cannot be directly linked to the information below. We are requesting access to these records to understand better how Go NAPSACC in used by TA Consultants with childcare programs in NC.

1. County Where Childcare Programs are Located
2. Total Time and Number of Contacts with Programs
3. Modules Started and Completed
4. Training, Resources, and Check-Ins
5. Number of Childcare Staff and Parents Trained

The risks to you due to collecting this information are minimal. These risks will be mitigated by implementing data protection in accordance with NC State data protection standards.

Confidentiality, personal privacy, and data management

Trust is the foundation of the participant/researcher relationship. Much of that principle of trust is tied to keeping your information private and in the manner we described to you in this form. The information you share with us will be held in confidence to the fullest extent allowed by law. The principal ways we protect your privacy are by managing, protecting, and sharing your data. Data that is shared with others about you will be de-identified.

How we manage, protect, and share your data are the principal ways to protect your personal privacy. Data that will be shared with others about you will be de-identified.

De-identified. De-identified data is information that at one time can directly identify you, but we will record this data so that your identity will be separated from the data. We will have a master list with your code and real name that we can use to link to your data. When the research concludes, there will be no way your real identity will be linked to the data we publish.

How will my identity and the data about me be stored and protected?

After collecting all the data, the researchers will go through the data, remove all direct and indirect identifiers from the dataset, and create a coded list that connects your real identity to the dataset. This list will be stored separately from the data. After the study, we will retain the master list for 5 years after the funded study. It is unlikely your identity could be deduced from your responses in the dataset without the master list.

Who can access my data, and how will my data be shared and used in the future?

We may share data with our funders, the Centers for Disease Control & Prevention (CDC), and/or university representatives for administrative purposes. The information we share with them will not be associated with individually identifiable data. We will delete data five years after the funded project. Because the CDC funds this study, a public-use version of the data set that does not include personal identifiers may be shared with the larger research community. Per CDC data management guidance, permission for re-use will be granted for any reasonable scientific purpose.

Your data will not be directly identifiable, but we cannot guarantee its anonymity now or in the future. We plan to disseminate our data primarily through publication in peer-reviewed journals and conference presentations. Published data such as articles and dissertations will be accessible from the publishers or upon request to the authors following the regulations of the individual publisher. Survey data may be made available by contacting the Co-PI or Co-Investigator in accordance with the governing Institutional Review Board (IRB) protocols and in compliance with all privacy laws and regulations. Permission will be readily granted for re-use and re-distribution of the data. Researchers seeking to use the data will be asked to provide their purpose for using the data. Permission for re-use will be granted for any reasonable scientific purpose.

How will my data be reported to the public, and are there associated risks?

We may quote you or share specific responses from you in our publications and presentations. Still, we will not include your name or any other information that could easily identify you. As a result, there are minimal risks to you due to how we report the data.

Right to Withdraw Your Participation

Your participation is voluntary. Even if you agree initially, consent is an ongoing process. You can stop participating at any time for any reason. To do so, notify Brenna Kirk at bokirk@ncsu.edu. If you withdraw, we will stop any procedures or data collection that may be happening. We will also delete any data already collected from you whenever possible. We cannot delete your data if we cannot identify which responses are yours or if the data has already been published.

Compensation
Individuals not employed by the State of North Carolina (NC) will receive a $25 gift card for participating in this study. Individuals employed by an NC agency are not eligible for compensation.

Research collaborations
This research project is internal within NC State.

Sponsorship and funding
This research project is a cooperative effort between the Centers for Disease Control & Prevention and NC State University.

What if you have questions about this study?
If you have questions about the study itself or the procedures implemented in this study, you may contact the project coordinator Dr. Brenna Kirk, at bokirk@ncsu.edu. You can also contact the PI of this research, Dr. Virginia Stage, at virginia_stage@ncsu.edu.

What if you have questions about your rights as a research participant?
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the NC State IRB (Institutional Review Board) office. An IRB office helps participants if they have any issues regarding research activities. You can contact the NC State University IRB office at IRB-Director@ncsu.edu, 919-515-8754.

Consent to participate
By signing this consent form, I am affirming that I have read the above information. All of the questions that I had about this research have been answered. If I consent to participate, I understand that I can stop participating at any time without penalty or loss
of benefits to which I am otherwise entitled. I am aware that I may revoke my consent at any time.

☐ **Yes, I want to be in this research study.**
Name__________________________ **Today's Date**________________

☐ **No, I do not want to be in this research study.**

Thank you for your consideration!

Appendix C. Pre-Interview Survey

Pre-Interview Survey for Technical Consultants

This survey aims to gather background information to provide context for the in-depth interviews. The questions focus on demographics, professional experience, and involvement with Go NAPSACC.

Section 1: Demographics

1. What is your birthdate?

2. What is your sex?
   - ○ Male
   - ○ Female

3. In which region or county do you primarily serve? *(Open-ended or dropdown menu for specific counties)**

4. What is your highest level of education?
   - ○ High school diploma or equivalent
   - ○ Associate degree
   - ○ Bachelor's degree
   - ○ Master's degree
   - ○ Doctorate
   - ○ Other (please specify): _______

Section 2: Professional Role and Experience

5. How many years of experience do you have working in the childcare field?
   - ○ Less than 1 year
   - ○ 1–3 years
   - ○ 4–6 years
   - ○ 7–10 years
   - ○ More than 10 years

6. What is your current role?
   - ○ Childcare Health Consultant (CCHC)
   - ○ Child Care Nurse Consultants
   - ○ Smart Start Technical Consultant
   - ○ NC Cooperative Extension Agent
   - ○ Registered Dietitian
   - ○ Other (please specify) _____

7. Who is your current employer?
    - ○ Smart Start
    - ○ Head Start
    - ○ Private Childcare
    - ○ NC Cooperative Extension (NC State University)
    - ○ NC Cooperative Extension (NC State A&T University)
    - ○ County Health Department
    - ○ Childcare Resource and Referral Agency
    - ○ State Childcare & Licensing Agency
    - ○ Non-Profit Organization (please specify name of organization)
    - ○ Self-employed
    - ○ Other (please specify): _______

8. How would you describe the childcare programs you primarily work with? *(Check all that apply)*
    - ○ Center-based childcare programs
    - ○ Family childcare homes
    - ○ Head Start programs
    - ○ Other (please specify): _______

9. Do you have experience using other ECE nutrition or PA programs in addition to Go NAPSACC? If so, please list the other programs. *(Open-ended)*

10. Briefly describe your professional and educational background, including level and type of education, as well as previous work experiences. *(Open-ended)*

Section 3: Go NAPSACC Involvement

9. How many years have you been using the Go NAPSACC tool?
    - ○ Less than 1 year
    - ○ 1–2 years
    - ○ 3–5 years
    - ○ More than 5 years

10. How frequently do you use Go NAPSACC in your work?
    - ○ Daily
    - ○ Weekly
    - ○ Monthly
    - ○ Occasionally (once every 2-3 months)
    - ○ Rarely (less than 5 times per year)

11. Which Go NAPSACC modules have you used the most in your work? *(Check all that apply)*
    - ○ Child Nutrition
    - ○ Infant and Child Physical Activity

- ○ Outdoor Play and Learning
- ○ Breastfeeding and Infant Feeding
- ○ Screen Time
- ○ Farm to ECE (Early Care and Education)
- ○ Oral Health
- ○ Other (please specify): ______

12. What is your primary role as a Go NAPSACC technical consultant? *(Check all that apply)*
    - ○ Providing on-site training or technical assistance to childcare programs
    - ○ Facilitating Go NAPSACC modules
    - ○ Supporting program implementation and evaluation
    - ○ Other (please specify): ______

13. What do you find most useful about the Go NAPSACC tool? *(Open-ended)*

14. What do you find most challenging about using Go NAPSACC? *(Open-ended)*

Section 4: Training and Support

14. Do you currently receive the Go NAPSACC emails? If so, do you find them helpful?
    - ○ Very helpful
    - ○ Somewhat helpful
    - ○ Neither helpful nor unhelpful
    - ○ Somewhat unhelpful
    - ○ Very unhelpful
    - ○ I do not receive the emails

15. Do you attend the Go NAPSACC webinars when they're offered? If so, how helpful do you find them to be?
    - ○ Very helpful
    - ○ Somewhat helpful
    - ○ Neither helpful nor unhelpful
    - ○ Somewhat unhelpful
    - ○ Very unhelpful
    - ○ I do not attend the webinars

16. Do you reference the Consultant Resources section of the Go NAPSACC website, or did they when you were first getting started? If not, was there something about it that was innately not user friendly?
    - ○ I referenced it when I was getting started only
    - ○ I referenced it when I was getting started & I currently reference it
    - ○ I currently reference it only

- ○ I have not referenced it

17. If you selected that you have referenced the Consultant Resources section of the Go NAPSACC website in the last question, please explain why. *(Open-ended)*

18. Do you use the Better Together Collaboratives? If yes, what module(s) do you use? *(Check all that apply)*

    - ○ Child Nutrition
    - ○ Infant and Child Physical Activity
    - ○ Outdoor Play and Learning
    - ○ Breastfeeding and Infant Feeding
    - ○ Screen Time
    - ○ Farm to ECE (Early Care and Education)
    - ○ Oral Health
    - ○ Other (please specify): ______

19. How would you rate the training you received for using Go NAPSACC?
    - ○ Excellent
    - ○ Good
    - ○ Fair
    - ○ Poor

20. What additional training or support would help you feel more confident in using Go NAPSACC? *(Open-ended)*

This pre-interview survey will provide important contextual data, helping to tailor interview questions and streamline the conversation.

Appendix D. Interview Guide

OPENING

Hello, [name]. We've been emailing, but in case we haven't met yet, my name is Madison Lawson and I'm a Graduate Research Assistant at NC State. How are you doing today? [Small Talk]

Great!

Well, I first want to thank you for your time! Before we start, I'm going to go over some logistics of the interview, and just so you know, this part is a little awkward so hang with me, and we'll get our conversation going soon! Does that sound good?

I'm excited to talk with you today because our goal is to hear about your experience with implementing Go NAPSACC as a Technical Assistance Consultant. I really want to focus on your personal experiences with the challenges you've encountered, the support you've received, and what motivates you in this work. There are no right or wrong answers, I am interested in your honest opinions! By hearing about your experiences, we can work on strategies to improve how Go NAPSACC is implemented so that its results are more consistent and your work as TA Consultant feels more fruitful.

That all sound good?

Wonderful! Now as a reminder, your participation in this study is completely voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time.

If this all still sounds good, and you still agree to participate, our interview will last about 45-60 minutes. At the end of the interview, I'll take about 10 minutes to review what we discussed to make sure I got everything right. If you can, find a quiet place to sit during our talk. And just so you know, I will be taking notes and will also audio-record the session. So, if you hear silence on my end, I'm here either taking notes or taking a sip of water. I would also like to remind you that none of the information we gather from you today will be tied back to your name or identity. In a few minutes, I will ask you to make up an alternate name for yourself that we will use moving forward during our interview together.

Do you have any questions so far?

Great! We're almost ready to go!

[Audio recorder]: As previously mentioned, I'd like to use an audio recorder during the discussion so that I can refer back to the discussion when I write my research report. Do you mind if I record this interview session?

a. (YES) Thank you!

b. (NO) OK. I'm afraid we have to audio record the interview. Because of that, you will not be able to participate in the interview today. Thank you for your time.

[PRESS BUTTON HERE]
Alright, it's on. We're recording!

Now before we start, can you give me an **alternate name** for yourself? Basically, make up a name that's not your real name so that your real name is never recorded. Do you have a name I can call you?

Great! Let's get started [insert name]!

INTERVIEW

Ice Breaker: First, I would like to learn more about your professional background and how you got started with Go NAPSACC. Can you tell me about that?

SECTION 1: EXPERIENCES WITH GO NAPSACC

Q1. Describe your initial and current experiences using Go NAPSACC to improve nutrition and physical activity policies and practices in early childcare settings.

✓	REQUIRED PROBES	OPTIONAL PROBES
	i. How have your strategies and challenges evolved over time?	

REVIEW PROBES - "*I heard you say…."*
Did I get that right?
Do you have anything else to add?

Q2. ***For consultants actively using the tool:*** **How do you typically incorporate the tool into your work now?**

For consultants not actively using the tool: **What factors have influenced your decision not to use it regularly?**

✓	REQUIRED PROBES	OPTIONAL PROBES
	ii. *(Active only)* Can you describe your typical interactions with childcare programs when	*(Active only)* How do these interactions differ with new versus established programs?

	introducing or implementing Go NAPSACC?	

REVIEW PROBES - "*I heard you say…."*
Did I get that right?
Do you have anything else to add?

Q3. How would you describe your experience using the online Go NAPSACC tool?

✓	REQUIRED PROBES	OPTIONAL PROBES
	iii. What specific program features, training, or tools make using Go NAPSACC easier? iv. What specific features of the tool that you find challenging? What factors contributed to these difficulties?	Can you describe your experiences accessing and using the Consultant Resources section of the Go NAPSACC website, particularly when you first started?

REVIEW PROBES - "*I heard you say…."*
Did I get that right?
Do you have anything else to add?

SECTION 2: EXPERIENCES WITH GO NAPSACC TRAINING

Q4. Can you describe your training experiences with Go NAPSACC, from initial to ongoing support?

✓	REQUIRED PROBES	OPTIONAL PROBES
	v. What aspects of the training or online resources have been the most helpful in preparing you for your role? vi. What additional training support or resources would enhance your ability to use the tool effectively?	

REVIEW PROBES - "*I heard you say…."*
Did I get that right?
Do you have anything else to add?

SECTION 3: CHALLENGES IN WORKING WITH CHILDCARE PROGRAMS

Q5. Reflecting on your experiences, what are the most significant challenges childcare programs face in getting started with Go NAPSACC?

✓	REQUIRED PROBES	OPTIONAL PROBES
	vii. Can you share an example of a particularly challenging interaction with a childcare program related to getting started? Were these challenges related to time, resources, program features, or something else? How did you address the situation, and what was the outcome?	What strategies have you tried to help programs get started, and how effective have they been?

REVIEW PROBES - "*I heard you say…."*
Did I get that right?
Do you have anything else to add?

Q6. In your experience, what challenges arise when trying to get childcare programs to finish the implementation cycle?

✓	REQUIRED PROBES	OPTIONAL PROBES
	viii. How do you support programs struggling to meet their goals? ix. Can you share an example of a particularly challenging interaction with a childcare program related to *finishing* the 5-step cycle? Were these challenges related to time, resources, program features, or something else? How did you address the situation, and what was the outcome?	What strategies have you tried to help programs finish the cycle, and how effective have they been?

REVIEW PROBES - "*I heard you say…."*
Did I get that right?

Do you have anything else to add?

Q7. Can you describe a time when a childcare program completed the Go NAPSACC process? In this case, we define successful completion as the child care program completing the five steps of the Go NAPSACC process: an initial assessment, setting goals and creating action plans, taking action, learning more through training, and keeping up the cycle through a second assessment and celebration of achievements.

✓	**REQUIRED PROBES**	**OPTIONAL PROBES**
		What were the main challenges in that case? How did you attempt to resolve them, and what was the outcome? What were the specific resources or strategies you provided that made the difference in their success?

REVIEW PROBES - "*I heard you say…."*
Did I get that right?
Do you have anything else to add?

SECTION 4: SUPPORTS AND FACILITATORS IN WORKING WITH CHILDCARE PROGRAMS

Q8. What supports or resources have helped you most as a Go NAPSACC TA consultant? These could be program resources, organizational support, or external factors.

✓	**REQUIRED PROBES**	**OPTIONAL PROBES**
	x. How do childcare programs' staff and leadership contribute to the successful implementation of Go NAPSACC? Can you provide an example where a supportive program staff made a difference?	

REVIEW PROBES - "*I heard you say…."*
Did I get that right?

Do you have anything else to add?

Q9. ***For consultants who <u>have</u> used the Better Together Collaborative:*** **Your pre-survey indicated that you have used the Better Together Collaboratives. Can you describe your experience using the Better Together Collaboratives in your work as a consultant?**

For consultants who <u>have not</u> used the Better Together Collaborative: **Your pre-survey indicated that you have not used the Better Together Collaborative. What has prevented you from using the collaborative approach in your work as a consultant?**

✓	**REQUIRED PROBES**	**OPTIONAL PROBES**
	xi. C	

REVIEW PROBES - "*I heard you say…."*
Did I get that right?
Do you have anything else to add?

SECTION 5: MOTIVATORS AND PERSONAL REFLECTIONS

Q10. What motivates <u>you</u> in your role as a Go NAPSACC consultant?

✓	**REQUIRED PROBES**	**OPTIONAL PROBES**
	xii. How do you measure success in your work with Go NAPSACC? xiii. How do positive feedback or outcomes from childcare programs influence your motivation as a consultant?	Can you share a success story or a moment that felt especially rewarding in your work?

REVIEW PROBES - "*I heard you say…."*
Did I get that right?
Do you have anything else to add?

Q11. What do you think motivates <u>childcare programs</u> to engage with Go NAPSACC?

✓	**REQUIRED PROBES**	**OPTIONAL PROBES**
		Are there specific outcomes or benefits that resonate most with them?

REVIEW PROBES - "*I heard you say…."*
Did I get that right?
Do you have anything else to add?

Q12. If you had a magic wand and could create anything to improve support for technical consultants, what would it be? This could relate to training, online (or offline) program tools, or organizational resources.

✓	REQUIRED PROBES	OPTIONAL PROBES

REVIEW PROBES - "*I heard you say…."*
Did I get that right?
Do you have anything else to add?

CLOSING
Alright, that ends the major part of our interview that we will be recording, so I have turned our recorder off and you are not being recorded. **[Stop Recording]**

Thank you so much for taking time to talk with me! I learned a lot from you today! Our next step will be to transcribe our interview and summarize what we discussed. Would you be willing to review our interview transcript and summary once it is completed to make sure we interpreted everything correctly?

a. Yes: Great! Thank you! What is your (email address)?

   ____

b. No: Alright! Not a problem!

Next, we will email you a $25 Amazon e-gift card to the email address of your choosing. What is that email address? _____________________________________. To verify, that is [verify their email address by reading it back to them].

Thank you again for your help! You have been generous with your time! Have a great rest of the day!

Appendix E. IRB Approval Letter

NC STATE UNIVERSITY

Sponsored Programs and Regulatory Compliance
Institutional Review Board (IRB)
Jennie Ofstein, Director
IRB-Director@ncsu.edu

Campus Box 7514
2701 Sullivan Drive
Raleigh, NC 27695
P: 919.515.8754

From: Jennifer Ofstein, IRB Director
North Carolina State University
Institutional Review Board

Date: 04/03/2025
Title: Community Members Perspectives on Physical Activity and Nutrition Assets in 10 Rural North Carolina Counties
IRB#: 27351

Dear Dr. Stage,

The research proposal named above has received administrative review and has been approved on 10/30/2024 as exempt from the policy as outlined in the Code of Federal Regulations [45 CFR 46.104 (d)(2)]. Provided that the only participation of the subjects is as described in the proposal narrative, this project is exempt from further review. This approval does not expire, but any changes must be approved by the IRB prior to implementation.

NOTE:

1. This committee complies with requirements found in Title 45 part 46 of The Code of Federal Regulations. For NC State University projects, the Assurance Number is: FWA00003429.

2. Any changes to the research must be submitted and approved by the IRB prior to implementation.

3. If any unanticipated problems occur, they must be reported to the IRB office within 5 business days.

4. When all research activities (including analysis of identifiable data) are completed, please submit a study closure request.

5. As a part of routine best practices, the NC State IRB office engages in post approval monitoring activities. Please refer to the NC State University IRB website.

Thank you.

Sincerely,

Jennifer Ofstein

Jennifer B. Ofstein, Ph.D., IRB Director
North Carolina State University
Institutional Review Board (IRB)
irb-director@ncsu.edu
919.515.8754