

# The Contra Costa County Learning Collaboratives

2016 Evaluation Report



GRETCHEN SWANSON  
**CENTER FOR  
NUTRITION**



RESEARCH \* PARTNERSHIP \* EVALUATION

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

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**Acknowledgements:** We would like to thank all of the National Early Care and Education Learning Collaboratives Project stakeholders, including State Implementing Partners, Project Coordinators, Trainers, and Leadership Team members for their participation in this evaluation. Finally, we would like to thank Leah Carpenter, Rosemary Lind, Alethea Chiappone, and Tom Barnard at the Gretchen Swanson Center for Nutrition for their support on this evaluation.

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# Executive Summary



Recent national data show that although the obesity rates for children ages two to five years are declining<sup>1</sup>, rates still remain high, warranting continued targeted obesity prevention efforts in youth. While California experienced a statistically significant decline in obesity prevalence among 2- to 4-year-olds from low-income families (17.3% to 16.8%)<sup>2</sup>, it still ranks highest for obesity prevalence in this age range among the states reported<sup>3</sup>. In addition, numerous studies suggest that nutrition learning experiences and the promotion of more healthful dietary behaviors in early childhood reduce the risk of obesity throughout the lifespan<sup>4,5</sup>. Early care and education (ECE) programs offer an opportune setting to work towards childhood obesity prevention since nearly 11 million children spend some portion of their week in these types of settings<sup>6</sup>. In fact, 58% of children aged three to four years in Contra Costa County attended preschool in 2012<sup>7</sup>.

In 2015, the David and Lucile Packard Foundation (Packard) funded the Nemours Children's Health System (Nemours) to expand the National Early Care and Education Learning Collaboratives Project (ECELC), which was already operating in other states, in Contra Costa County, California. The ECELC is an initiative aimed at promoting healthy environments by changing policies and practices in the following topic areas in ECE settings to address childhood obesity:

- ✦ Breastfeeding & Infant Feeding
- ✦ Child Nutrition
- ✦ Infant & Child Physical Activity
- ✦ Outdoor Play & Learning
- ✦ Screen Time

Specifically, Packard funded the implementation of learning collaboratives in Contra Costa County and provided a \$1,000 participation incentive for each participating ECE program. In addition, the General Mills Foundation (GM) supported the ECELC by providing another \$1,000 grant for each program toward the purchase of equipment to support their action plans.

Nemours partnered with the Contra Costa Child Care Council to implement the project in 50 ECE programs across Contra Costa County (see sidebar on next page). Gretchen Swanson Center for Nutrition (GSCN), a non-profit research organization in Omaha, NE, served as the independent evaluator of the project. The primary objective of the evaluation was to:

- ✦ Determine the effects of the learning collaboratives project on changes made to policies and practices in participating ECE programs with regard to breastfeeding, child nutrition, physical activity, outdoor play, and screen time.

To accomplish this evaluation, GSCN utilized the Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC)<sup>8</sup>. Participating ECE programs completed the self-assessment at their sites during Action Period (AP) 1 and AP4. The number of best practices being met per topic area was summed at baseline (AP1) and post-assessment (AP4) for each ECE program and resulted in a change score. Results showed:

- ✦ ECE programs that served toddlers & preschoolers showed the most change. These programs demonstrated an increase in best practices met after participating in the project in three areas: Child Nutrition, Infant & Child Physical Activity, and Outdoor Play & Learning.
- ✦ ECE programs that served infants, toddlers, & preschoolers showed a decrease by two best practices being met in Child Nutrition.

# Executive Summary, continued

To further inform how the Contra Costa ECE Learning Collaboratives implemented changes in their programs, including how the trainings, equipment, and resources informed those changes, nine program staff (n=9) were interviewed and asked about their participation, engagement of other staff and parents, satisfaction with technical assistance, challenges and strengths of the program, and changes made.

Several themes emerged, which helped inform two primary concepts including: Staff and Parental Engagement and Support and Opportunities.

Data collected via the qualitative interviews showed:

- ✦ Staff members were inspired to make positive changes in their own nutrition and physical activity behaviors when they made changes in their classrooms in response to the curriculum.
- ✦ The diversity of age in the children (0-5 years) heavily influenced the staff's considerations on what equipment to purchase and what activities to implement throughout the programs.
- ✦ Children were inspired to participate in nutrition and physical activities when staff were

actively engaged in the activities (e.g., role modeling behaviors such as participating in physical activity, eating more healthful foods in front of children).

- ✦ Parents were more actively engaged in learning the concepts when staff shared materials and information from the trainings.
- ✦ Financial incentives were viewed favorably by the participants, however not all Leadership Team members got to choose how the funds were spent.

The Contra Costa County Learning Collaboratives intervention lead to important improvements in nutrition and physical activity behaviors. The evaluation showed that the most change occurred in programs that serve toddlers and preschoolers. Staff were enthusiastic about making healthful changes in their programs and were eager to share lessons learned with parents. The project also led to perceived positive changes in health behaviors in children, parents, and staff. The project's financial incentives supported and fostered these changes and enabled programs to acquire resources and equipment to support needed environment, policy, and practice changes.

## ECELC Implementation Strategies and Actions - a Train-the-Trainer model -

### 1. Learning Sessions (LS)

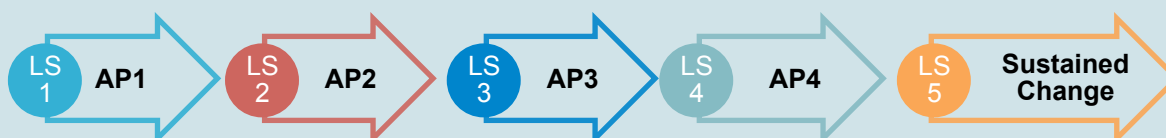
- Conduct five, in-person workshops with ECE program representatives known as Leadership Teams

### 2. Action Periods (AP)

- In between Learning Sessions, facilitation of a training session by the Leadership Team with their program staff to share and disseminate information

### 3. Technical Assistance (TA)

- Provide on-going and on-site technical assistance coaching to programs and their staff to support them in implementing their Action Plans



*LSs and APs adapted for use by ECE programs from the Breakthrough Series Model.<sup>9</sup>*

# Impact - NAP SACC

The NAP SACC consists of five self-assessments. Each Leadership Team completes one NAP SACC that is representative of the entire program (i.e., all classrooms, all age groups) after LS1 and LS4 as part of the pre-post evaluation design. The assessments are then analyzed by age group served, as not all items pertain to all age groups.

Each box shows the number of best practices being met at baseline, at post-assessment, and the difference (i.e., the change score). Statistically significant change is noted with an asterisk.

- ✦ Four age groups demonstrated significant improvements in number of best practices being met.
- ✦ All but one age group showed positive change.
- ✦ The negative change in the I+T+P group in Child Nutrition may be an effect of the relatively low sample size.

The age groups served are abbreviated as follows:

- ✦ **I+T+P: Infant, Toddler, & Preschooler (N=13)**
- ✦ **T+P: Toddler & Preschooler (N=10)**
- ✦ **P-only: Preschooler only (N=17)**



## Breastfeeding & Infant Feeding (23 items)

	<u>Pre</u>	<u>Post</u>	<u>Change</u>
I+T+P	13.0	13.4	+0.4



## Child Nutrition (up to 44 items)

	<u>Pre</u>	<u>Post</u>	<u>Change</u>
I+T+P	31.6	29.5	-2.1
T+P	23.9	28.1	+4.2*
P-only	33.3	36.4	+3.2*



## Infant & Toddler Physical Activity (up to 22 items)

	<u>Pre</u>	<u>Post</u>	<u>Change</u>
I+T+P	11.8	13.0	+1.3
T+P	4.8	8.8	+4.0**
P-only	6.9	9.5	+2.6



## Outdoor Play & Learning (up to 20 items)

	<u>Pre</u>	<u>Post</u>	<u>Change</u>
I+T+P	9.2	10.0	+0.8
T+P	5.4	7.8	+2.4**
P-only	6.9	8.9	+2.1



## Screen Time (up to 12 items)

	<u>Pre</u>	<u>Post</u>	<u>Change</u>
I+T+P	7.1	7.8	+0.8
T+P	5.0	5.7	+0.7
P-only	4.9	5.7	+0.8

NOTE: Analysis included ECE programs that responded to at least one item in the corresponding section of the NAP SACC at baseline and at least one item in post-assessment;

\*p<0.05, \*\*p<0.01, \*\*\*p<0.001 (P-values adjusted for NAP SACC baseline score)

# Impact - Qualitative Interviews

Nine Leadership Team members from participating ECE programs were interviewed across Contra Costa County. They were interviewed about their participation in the Learning Collaboratives project, how they engaged staff and parents, their satisfaction with technical assistance, challenges and strengths of the project, and any changes that were made due to participation in the project.

## Staff and Parental Engagement

*“If we reach the parents, we reach the children.” –Participant 9*

*“...one of my teachers has lost a lot of weight and she worked at it...that’s a plus because parents want to know [how]. She’s been able to share a lot....parents, they’ve been coming in asking and trying to implement some of her ideas... it was a connection for my parents.”*

*-Participant 9*

Participants reported improvements in nutrition and physical activity behaviors of their classroom children and in their own corresponding health behaviors, which they cited that they wanted to maintain for their program and for themselves into the future. Participants also stated that parents reported being interested in learning how to implement changes and activities at home (and among their families as a whole) to help support changes in the program. The importance of parental engagement was noted by the staff as influencing the success and sustainability of the Learning Collaboratives, as it helped foster a sense of collective efficacy in how staff and parents can work together to make and sustain nutrition and physical activity behaviors in children in programs and home environments.

Interviewees also stated that children were enthusiastic when they or their staff actively engaged in the various activities they learned at the Learning Collaborative (e.g., role modeling behaviors such as participating in physical activity, eating more healthful foods in front of children, and drinking more water). This common theme arose across interviews and was something that the Learning Collaborative session Trainers had encouraged Leadership Team members to do during the training sessions; namely, encouraging the staff to be active participants toward staff wellness efforts that were implemented throughout the programs.

*“...we did a lot of the activities in the training sessions. And when you do it, it’s a lot easier to remember how to do it, and how to bring it back to the classroom.”*

*-Participant 1*



Participants commented that many parents became actively engaged with the shared lessons and materials that they had acquired from participating in the Learning Collaboratives (e.g., participating in parent activities at the program, taking home materials and activities to implement at home). Participants stated that many activities could be easily implemented at home and that children were catalysts for their parents’ commitment to trying activities and new foods toward these types of changes at the family level.

*“...the kids’ interests often times drive the parents’ interest as well.”*

*-Participant 3*

# Impact - Qualitative Interviews

## Support and Opportunities

*"...we kind of found it challenging to encourage more breastfeeding and stuff [at the program], because the babies that we get, if their mom already stopped breastfeeding, it's kind of hard to promote that."*

*-Participant 3*

Interviewees spoke to the different needs of children across age ranges (e.g., infants, toddlers, and preschoolers), and how the Learning Collaborative lessons helped inform new ideas of activities and equipment that were also supportive to the varying needs of children of various ages. For example, some programs did not have any infants enrolled. Therefore, the focus on breastfeeding was not as relevant as compared to programs that had infants enrolled or had children whose mothers were breastfeeding or expecting another child.

Participants generally commented that children were more proactive and participated in nutrition and physical activities when they were provided a choice (e.g., independently able to get water from the water station, encouraged to use family-style dining habits when selecting foods and amount to eat) and had support to make changes themselves.

*"...the kids were looking forward to [using the water system]. It was something that they could actually do, and something that they could have control over."*

*-Participant 2*



Another common theme that arose was Leadership Team members giving multiple staff members the opportunity to participate in the Learning Session trainings, which occurred on Saturdays. This practice was viewed both as an opportunity to participate in the trainings as well as supportive in that no one staff member had to attend all five Learning Session trainings, which would take time away from personal responsibilities. Most participants stated that having trainings on Saturdays was difficult due to competing demands (e.g., family or other personal obligations) and that it was helpful to have other staff attend the training sessions. Further, this gave other staff members the opportunity to learn from the sessions, which helped foster engagement and buy-in for program activities.

Technical assistance was described favorably by staff, as they considered the help they received from the Trainers throughout the program.

*"...we [were] always able to contact her, and she would be there to help you...to me she was a '10' I think she was very effective."*

*-Participant 7*

# Impact - Qualitative Interviews

## Support and Opportunities, continued

*"...you can take different ideas and use them in your classroom. You just have to adapt it to the age of the children you are working with."*

*-Participant 7*

In addition, participants commented how certain activities were age dependent, so support in offering various activities and methods of dissemination was important. For example, two interviewees spoke to age dependent factors that could influence family-style dining practices and how support in this area could be tailored to be more supportive of individual family needs. Specifically, participants commented that parents were often hesitant to implement family-style dining in the home due to the desire of parents to continue to help feed children for various reasons

(e.g., less mess to clean up, personal expectation of the parent and/or child).

Further, the children's ages impacted staff thoughts on what equipment to purchase and how to implement activities to effectively support the needs of their programs, inducing challenges related to the availability of equipment that was conducive to the various ages of their children as well as the environment they had to work with (e.g., size of program facility and outdoor/indoor space constraints).



The two financial incentives offered in the Contra Costa Learning Collaborative were positively viewed as supportive by the participants, however, many staff were unaware for what the \$1,000 Packard participation incentive was intended, whereas most of the staff were aware of and/or involved with allocating the \$1,000 grant provided by GM to purchase equipment, including the suggested kits (e.g., water stations, portable physical activity materials). Participants particularly liked the *Importance of Drinking Water* kit and *Physical Activity* kit options that were suggested incentives (provided from Kaplan Early Learning Company for the current project).

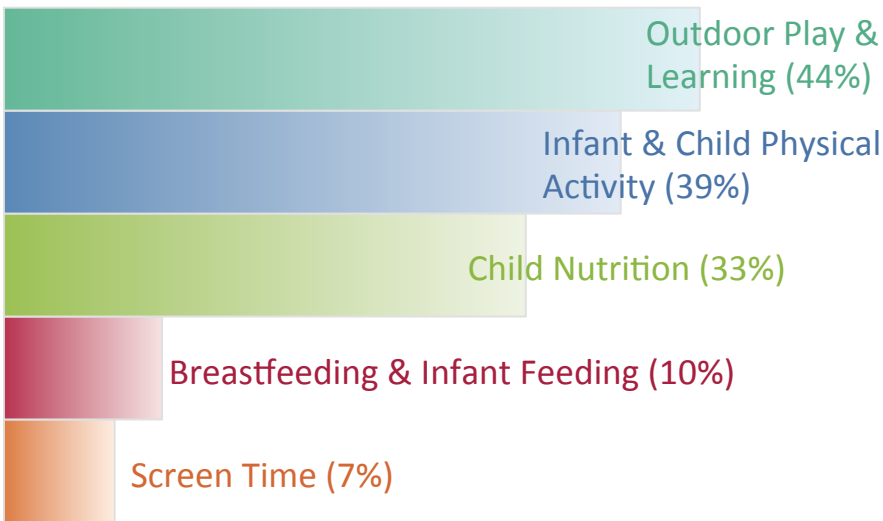
*"I wasn't really expecting much except for the information. So getting all of the kits and everything, it was beyond what I had anticipated, and it was a nice surprise".*

*-Participant 2*



# Impact

## Technical Assistance Focus Areas\*



- ✦ Average 5 customized TA interactions per program during the course of program participation.
- ✦ Average 4 hours individual TA support provided to each enrolled program.

\*ECE programs may identify with more than one category, therefore, totals may not equal 100%



## By the numbers

52

Programs  
Enrolled

2

Collaboratives

43

Programs  
Completed

3,000+  
Children Reached



# Implications and Recommendations



The Contra Costa County Learning Collaboratives Project presented unique challenges and opportunities during the implementation year. These distinctive findings provide important implications and insight for future Contra Costa Learning Collaboratives as well as the National Early Care and Education Learning Collaboratives Project (ECELC) efforts regarding healthy eating and physical activity to help prevent childhood obesity.

## What makes Contra Costa County unique?

### Local equals greater networking opportunities.

#### Implication

#### Recommendation

✦ With the entire collaborative consisting of just one county, the logistics for implementation were eased. In addition, being a local collaborative allowed for good networking among staff since they generally knew one another.

✦ For future collaborative sites, consider that more localized programs may result in fostering relationships among programs.

### The programs were provided two sources of funding.

#### Implication

#### Recommendation

✦ Financial incentives were viewed favorably by the participants, however not all Leadership Teams got to choose how the funds were spent.

✦ Communicate the funding structure so that all parties are clear on how project funds (i.e., incentive and grant funding) will be allocated and used throughout the project.



# Implications and Recommendations

## What makes Contra Costa County unique?

The implementation schedule was shortened from 10 months (as per ECELC-model) to six months.

### Implications

### Recommendations

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>✘ Less time for project implementation overall which affected the pre-post timing of the main evaluation outcome measure, the NAP SACC.</li><li>✘ Less time to purchase equipment and deal with any issues that may occur in purchasing (i.e., vendor processing).</li><li>✘ Less time for engagement among staff, parents, and children.</li><li>✘ Leadership Teams frequently wanted to share the responsibility of attending the Learning Session trainings, so that this responsibility did not just fall on one staff member, but was shared among a few.</li></ul> | <ul style="list-style-type: none"><li>✘ Consider more time for project implementation and evaluation (e.g., 10 months).</li><li>✘ Especially when money is a factor, there needs to be adequate time for processing purchases, and installing and using equipment.</li><li>✘ Encourage activities and adequate time for staff and parent engagement.</li><li>✘ Balance varying Leadership Team attendance by setting the expectation that the Leadership Teams are designed to represent the program and take the information back to the program and train staff.</li></ul> |
|--|--|

The dynamic, hands-on approach to the Learning Collaboratives led programs to make changes in their own nutrition and physical activity behaviors and to share their personal successes with the families (both the parent and the child) in their care. It is important to note that while the Learning Collaboratives Project aims to promote healthy eating and physical activity to help prevent childhood obesity, it is focused on empowering the adult staff to create and facilitate more healthful environments, policies, and practices for the children they serve. The permeation of the Learning Collaboratives into the home environment may help sustain intervention activities and outcomes.

In summary, GSCN recommends that the Contra Costa County Learning Collaboratives Project, in addition to all learning collaboratives projects, continue to promote active participation and sharing of information with families among ECE staff. Staff and families need to work in conjunction in order to help champion more healthful behaviors in young children. By balancing engagement and support of project participation, staff can successfully lead the change in healthy eating and physical activity in ECE settings, where a large majority of children spend their time. Through this collaborative approach, ECE staff are an important stakeholder in the overarching efforts to prevent childhood obesity at the national level.



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# Appendix - NAP SACC Tables



Infant, Toddler, & Preschooler (23 items)	Pre	Post	Δ	P value <sup>a</sup>
<b>Overall</b>	13.0	13.4	0.4	0.780
<b>Contra Costa Collaboratives</b>				
East	11.9	11.1	-0.8	*0.014
West	15.3	18.0	2.8	
<b>CACFP</b>				
Yes	15.7	15.5	-0.2	0.435
No	10.3	11.3	1.0	
<b>QRIS</b>				
Yes	15.1	16.4	1.3	*0.011
No	10.0	9.2	0.8	
<b>Head Start</b>				
Yes	15.3	18.0	2.8	*0.014
No	11.9	11.1	-0.8	
<b>Accredited</b>				
Yes	14.3	16.5	2.3	0.126
No	12.4	11.9	-0.5	
<b>Non-Profit</b>				
Yes	14.8	15.8	1.0	0.367
No	12.1	12.3	0.1	



	I + T + P (44 items)				T + P (44 items)				P-only (43 items)			
	Pre	Post	Δ	P value <sup>a</sup>	Pre	Post	Δ	P value <sup>a</sup>	Pre	Post	Δ	P value <sup>a</sup>
<b>Overall</b>	31.6	29.5	-2.1	0.283	23.9	28.1	4.2	*0.047	33.3	36.4	3.2	*0.019
<b>Contra Costa Collaborative</b>												
East	28.0	26.9	-1.1	0.306	20.0	25.4	5.4	0.497	29.3	34.8	5.5	0.689
West	38.8	34.8	-4.0		33.0	34.3	1.3		34.6	37.0	2.4	
<b>CACFP</b>												
Yes	37.2	33.3	-3.8	0.308	32.5	36.5	4.0	0.418	34.0	36.6	2.6	0.779
No	26.0	25.7	-0.3		18.2	22.5	4.3		28.0	35.5	7.5	
<b>QRIS</b>												
Yes	35.0	31.3	-3.7	0.941	30.3	33.5	3.3	0.997	33.7	36.7	3.0	0.825
No	26.8	27.0	0.2		19.7	24.5	4.8		32.0	35.8	3.8	
<b>Head Start</b>												
Yes	38.8	34.8	-4.0	0.306	34.0	38.0	4.0	0.490	34.6	37.0	2.4	0.689
No	28.0	26.9	-1.1		19.6	23.9	4.3		29.3	34.8	5.5	
<b>Accredited</b>												
Yes	33.0	34.0	1.0	0.079	29.2	32.6	3.4	1.000	35.0	37.7	2.7	0.495
No	30.9	27.3	-3.6		18.6	23.6	5.0		32.2	35.7	3.5	
<b>Non-Profit</b>												
Yes	35.3	27.8	-7.5	0.079	25.7	32.7	7.0	0.312	30.3	33.6	3.3	**0.005
No	29.8	30.4	0.6		23.1	26.1	3.0		35.6	38.7	3.1	

# Appendix - NAP SACC Tables



	I + T + P (22 items)				T + P (18 items)				P-only (17 items)			
	Pre	Post	Δ	P value <sup>a</sup>	Pre	Post	Δ	P value <sup>a</sup>	Pre	Post	Δ	P value <sup>a</sup>
<b>Overall</b>	11.8	13.0	1.3	0.383	4.8	8.8	4.0	**0.007	6.9	9.5	2.6	0.114
<b>Contra Costa Collaborative</b>												
East	10.4	11.9	1.5	0.354	3.7	7.7	4.0	0.972	7.5	7.8	0.3	0.212
West	14.5	15.3	0.8		8.5	12.5	4.0		6.5	10.7	4.2	
<b>CACFP</b>												
Yes	14.2	13.8	-0.3	0.968	7.3	13.7	6.3	*0.039	6.0	10.0	4.0	0.221
No	9.3	12.2	2.8		3.5	6.3	2.8		10.5	7.5	-3.0	
<b>QRIS</b>												
Yes	13.7	15.3	1.6	0.023	6.5	12.0	5.5	0.171	7.3	10.2	2.8	0.563
No	9.0	9.8	0.8		3.4	6.2	2.8		6.3	8.5	2.3	
<b>Head Start</b>												
Yes	14.5	15.3	0.8	0.354	7.3	13.7	6.3	*0.039	6.5	10.7	4.2	0.212
No	10.4	11.9	1.5		3.5	6.3	2.8		7.5	7.8	0.3	
<b>Accredited</b>												
Yes	10.5	15.3	4.8	*0.040	5.6	10.8	5.2	0.249	9.5	11.8	2.3	0.114
No	12.4	11.9	-0.5		3.8	6.3	2.5		5.2	8.0	2.8	
<b>Non-Profit</b>												
Yes	17.0	15.3	-1.8	0.735	3.0	9.0	6.0	0.380	6.0	7.5	1.5	*0.028
No	9.1	11.9	2.8		5.3	8.7	3.4		8.3	12.5	4.3	



	I + T + P (20 items)				T + P (19 items)				P-only (18 items)			
	Pre	Post	Δ	P value <sup>a</sup>	Pre	Post	Δ	P value <sup>a</sup>	Pre	Post	Δ	P value <sup>a</sup>
<b>Overall</b>	9.2	10.0	0.8	0.555	5.4	7.8	2.4	**0.001	6.9	8.9	2.1	0.015
<b>Contra Costa Collaborative</b>												
East	8.1	10.3	2.1	0.398	4.4	7.3	2.9	0.408	7.5	7.0	-0.5	0.609
West	11.0	9.6	-1.4		7.7	9.0	1.3		6.7	9.5	2.8	
<b>CACFP</b>												
Yes	9.9	8.4	-1.4	0.068	7.8	10.0	2.3	0.441	6.4	8.9	2.5	0.273
No	8.5	11.8	3.3		3.8	6.3	2.5		10.5	9.5	-1.0	
<b>QRIS</b>												
Yes	11.0	11.4	0.4	0.470	7.8	10.3	2.5	0.178	7.0	9.6	2.6	0.161
No	6.4	7.8	1.4		3.8	6.2	2.3		6.5	6.8	0.3	
<b>Head Start</b>												
Yes	11.0	9.6	-1.4	0.398	9.0	11.3	2.3	0.108	6.7	9.5	2.8	0.069
No	8.1	10.3	2.1		3.9	6.3	2.4		7.5	7.0	-0.5	
<b>Accredited</b>												
Yes	8.6	10.6	2.0	0.557	6.6	9.0	2.4	0.573	9.7	12.7	3.0	0.056
No	9.6	9.6	0.0		4.2	6.6	2.4		5.4	6.9	1.5	
<b>Non-Profit</b>												
Yes	14.3	12.3	-2.0	0.989	5.3	8.3	3.0	0.454	5.4	5.9	0.5	**0.004
No	7.0	9.0	2.0		5.4	7.6	2.1		8.2	11.7	3.4	



	I + T + P (12 items)				T + P (12 items)				P-only (11 items)			
	Pre	Post	Δ	P value <sup>a</sup>	Pre	Post	Δ	P value <sup>a</sup>	Pre	Post	Δ	P value <sup>a</sup>
<b>Overall</b>	7.1	7.8	0.8	0.495	5.0	5.7	0.7	0.285	4.9	5.7	0.8	0.200
<b>Contra Costa Collaborative</b>												
East	6.5	8.1	1.6	0.935	5.3	6.4	1.1	0.288	5.0	5.8	0.8	0.994
West	8.0	7.4	-0.6		4.3	4.0	-0.3		4.9	5.7	0.8	
<b>CACFP</b>												
Yes	7.9	6.7	-1.1	0.181	5.5	5.8	0.3	0.640	4.8	5.6	0.9	0.695
No	6.2	9.2	3.0		4.7	5.7	1.0		6.0	6.0	0.0	
<b>QRIS</b>												
Yes	7.6	8.0	0.4	0.499	5.5	6.8	1.3	0.481	4.8	5.5	0.7	0.779
No	6.2	7.6	1.4		4.7	5.0	0.3		5.3	6.3	1.0	
<b>Head Start</b>												
Yes	8.0	7.4	-0.6	0.935	7.0	7.7	0.7	0.863	4.9	5.7	0.8	0.994
No	6.5	8.1	1.6		4.1	4.9	0.7		5.0	5.8	0.8	
<b>Accredited</b>												
Yes	6.6	7.4	0.8	0.490	5.4	7.2	1.8	0.069	5.0	5.2	0.2	0.546
No	7.4	8.1	0.8		4.6	4.2	-0.4		4.9	5.9	1.0	
<b>Non-Profit</b>												
Yes	8.8	8.5	-0.3	0.143	4.7	5.0	0.3	0.713	4.5	4.9	0.4	0.447
No	6.3	7.6	1.2		5.1	6.0	0.9		5.4	6.5	1.1	