

Child Care Feeding Programs Support Young Children's Healthy Development

> **The challenges of assessing health impacts of child care feeding programs**

The federal Child and Adult Care Food Program (CACFP) reimburses eligible child care providers for meals and snacks that meet specific nutritional guidelines. In addition, the program supports providers through on-site visits, group classes, and ongoing technical assistance. CACFP, which is scheduled for consideration as part of Child Nutrition Program reauthorization, currently subsidizes healthy meals for nearly three million low-income children a day in licensed¹ child care centers and sponsored family child care homes.^{2,3} Because CACFP is administered at the child care provider level and parents cannot apply individually, many do not know whether their child participates. This has complicated collecting data that could connect child health to program participation.

> **New evidence that child care feeding programs improve child health**

In order to shed light on the health impacts of CACFP, Children's HealthWatch identified a subset of children in our dataset who are highly likely to be participating in CACFP. These are children:

- **Between 13 months and three years of age** (Children in this age-range primarily eat solid foods and are most likely to receive the full benefit of the program.)
- **Whose parents receive a child care subsidy** (These families are, by definition, low income and most likely receiving care from providers participating in CACFP.)
- **Who are in centers or family child care homes where meals are supplied by the provider**

We compared these children to children meeting the same criteria except meals in child care were supplied from home. Children whose meals were supplied by the child care provider were:

- 28% less likely to be in fair or poor health
- 26% less likely to be hospitalized
- More likely to have a healthy weight and height for their age

The average cost of a hospital stay for children between one and four years of age was \$6,010 in 2006.⁴ Increased participation in CACFP could lead to significant cost savings for families and the healthcare system through children's better health and decreased hospitalizations.

> **Early childhood lays the foundation for lifelong health**

Research has shown that the first three years of life are the period of most rapid brain and body growth.⁵ Consequently, very young children are uniquely vulnerable to deprivation. CACFP provides an opportunity to support the nutritional needs of low-income children during this critical time. Thoughtful attention to children's nutrition in their early years can set the trajectory for healthy future growth and development long before they approach the schoolhouse door.

Summary of Findings

- **Toddlers in subsidized child care whose meals are supplied by their child care provider are more likely to be in good health than similar toddlers whose meals must be supplied from home.**



A non-partisan pediatric research center that monitors the impact of public policies and economic conditions on the health of young children.

> CACFP's reach

The importance of extending CACFP's reach to more children in need is clear. Participation by child care centers is increasing yet fewer than half of centers in the U.S. are enrolled. Family child care provider participation in CACFP has dropped 27 percent since the introduction of a complex and time-consuming two-tiered reimbursement system in 1997⁶ that has deterred participation.⁷ Yet, for many families, family child care remains the most affordable source of care.

> Recommendations

Congress can expand access, reduce barriers, and improve children's nutrition in CACFP by⁸:

- Increasing and simplifying CACFP meal and snack reimbursement rates to offset the high cost of healthy foods
- Adding a third meal or snack option to meet the nutrition needs of children in care for longer hours
- Revising the area eligibility guideline to make participation feasible for family child care homes located in neighborhoods where at least 40 percent of elementary school children qualify for free or reduced price school lunch. (Currently, this is set at 50 percent.)
- Streamlining and simplifying program and paperwork requirements for states, sponsoring organizations, child care providers and parents
- Directing the Secretary of Agriculture to promptly issue proposed regulations updating the CACFP meal pattern and reimbursements after publication of the Institute of Medicine's CACFP Meal Pattern report

Conclusion

CACFP currently helps meet the daily nutritional needs of millions of young, low-income children during a critical period of growth and development. Yet, CACFP's structure and reimbursements are outdated and complex, leaving many children without the program's health benefits. With targeted changes to expand service and access, improve reimbursements and update the nutritional guidelines with the latest science, the program could provide more children with a solid nutritional foundation for lifelong health and growth.

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Children's HealthWatch is a non-partisan pediatric research network that carries out research on the impact of economic conditions and public policies on the health of children under age three. For more than a decade, Children's HealthWatch has interviewed families with young children in emergency departments and urgent care clinics in five hospitals in Baltimore, Boston, Little Rock, Minneapolis and Philadelphia that serve largely low-income families. Data are collected on a wide variety of issues including demographics, food security, public benefits, caregivers' health and earnings, housing, home energy conditions and children's health status and developmental risk.

¹ Requirements for becoming a licensed child care provider vary by state, which results in varied definitions of eligibility for CACFP.

² D. Alexander and M. Stoll. Illinois Action for Children and USDA/ERS. 2008.

³ Family child care homes provide non-residential child care in the child care provider's home and can only participate in CACFP through local sponsor organizations that have an agreement with the State authority responsible for administering CACFP. Child care centers are non-residential child care facilities and can be sponsored or operate CACFP independently.

⁴ AHRQ HCUPnet KIDS database.

⁵ National Scientific Council on the Developing Child. 2007.

⁶ R. Cooper and G. Henchy. Food Research and Action Center. February 2009.

⁷ K. Meredith. Oregon Child Development Coalition. 2009.

⁸ Informed by the National CACFP Forum. CACFP Recommendations.

