RIDGE PROGRAM SPOTLIGHT

The Impact of Changes to CACFP on Food Spending and Young Children's Dietary Intake in Urban Family Child Care Homes

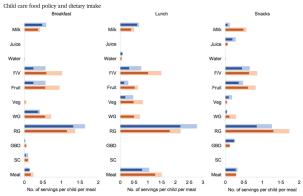


The updated nutrition standards of the Child and Adult Care Food Program (CACFP) can improve children's diets in family child care settings based on recent findings from <u>Dr. Erica Kenney</u> at the Harvard T. H. Chan School of Public Health. Providers still will need additional training and technical assistance to improve children's nutrition.

CACFP provides reimbursements for meals and snacks served to 4.6 million young children in child care settings, targeting benefits to low-income families. CACFP has recently strengthened nutrition standards for foods served by CACFP-participating providers. With support from the Tufts/UConn RIDGE Program, Dr. Kenney used a quasi-experimental design and data collection before the standards went into effect (2017) and after (2018) to assess whether the standards resulted in improvements for children's diets in CACFP-participating family child care providers in the City of Boston, MA. The study assessed the impact of the strengthened CACFP requirements on food quality and costs as well as the types of training and support provided for their implementation.

In Changes in meal serving practices, costs, and training experiences among Boston family child care providers participating in the Child and Adult Care Food Program from before to after implementation of new meal patterns, Kenney and colleagues surveyed family child care providers about the CACFP changes and training received. They collected 4-week menus to assess the frequency of meeting the CACFP requirements before and after the revisions. Digital photographs of children's meals were used to assess changes in dietary intake among preschool-age children.

The study identified substantial gaps in providers' training and knowledge about the new requirements. Still, providers started to serve



healthier foods following the CACFP updates, with 60.9% serving whole grains at least daily (vs. 36.2% at baseline). Children increased their intake of whole grains by about half a serving per day and intake of fruit and vegetables increased by almost a full serving after the update. These improvements do not appear to have increased providers' program burden. Compliance was consistently high for some standards (e.g., serving low fat, unflavored milk), but lacking in others (e.g., serving lower-sugar yogurt, serving fruit plus a vegetable at lunch). Providers requested more support for meeting the standards in the form of additional training opportunities, lists of CACFP-acceptable products, and opportunities to learn strategies of other providers.

Dr. Kenney concluded: "Our results suggest that the new CACFP nutrition standards are having some positive impacts on young children's diets, just as intended. However, we also found that compliance was not perfect, and many providers were confused about the new rules. Quick, easy-to-use resources that take the nutritional guesswork out of the new standards for child care providers (who aren't nutrition professionals) and help them minimize costs could help improve compliance and ultimately children's nutrition."

Kenney EL, Poole MK, Cory H, Cradock AL. Impact of Changes to the Child and Adult Care Food Program on Children's Dietary Intake in Family Child Care Homes. Pub Health Nutr. doi: 10.1017/S1368980019004646

Poole MK, Cradock AL, Kenney EL. Implementing the New Child and Adult Care Food Program's Nutrition Standards in Boston. Prev Chron Dis, in press.

