Child and Adult Care Food Program

Data Needs for CACFP

Virginia A. Stallings, MD
Children’s Hospital of Philadelphia
University of Pennsylvania
Evidence Based Updates

2002

Dietary Risk Assessment in the WIC Program

2006

WIC Food Packages: Time for a Change

2007

Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth

2010

School Meals: Building Blocks for Healthy Children

2011

Child and Adult Care Food Program: Ensuring Hungry Children Are Fed

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES
Advising the nation/Improving health
CACFP 2010

- Child and Adult Day Care
  - Family Homes (73%)
  - Child Care Centers (20%)
  - At-Risk After School Facilities
  - Head Start Programs

- Emergency Shelters
CACFP 2010

- 3.3 Million Children
- 114,000 Impaired Adults and Over 60 Years
- $2.2 Billion in 2010
- USDA/IOM Meal Requirements Revision Plan
Executive Summary
Recommendation for Program Evaluation and Research

“While conducting this study the Committee encountered a considerable lack of up-to-date data relevant to CACFP…”

“… a need to improve data-gathering in all aspects of the program.”

Chapter 4

“Data on nutrient intake by infants especially very young and/or breastfed are limited.”
CACFP
Broad Areas of Need

- Participant characteristics
- Food intake profiles
- Nutrient intake profiles
- Program costs
- Program outcomes
- Baseline data before implementation
CACFP Age Groups

• 8 age groups, birth to elderly
• No sex specific recommendations
• 0-5 months 5-13 years
  6-11 months 14-18 years
  1 year 19 years and older
  2-4 years
Child Health Policy and Science Group
Birth to 2 Years

• Dietary Guideline for Americans
• Defers to American Academy of Pediatrics
  – Committee on Nutrition
• Major Health Implications
  – Breast feeding
  – Introduction of complementary foods and beverages
  – Rate of growth
  – Obesity
CACFP Impact Research

• Does the program improve the participants’ daily/weekly food intake? (DGA patterns)
• Does the program improve the intake of at-risk nutrients?
• Comparisons require total dietary intake data by setting, time of day and age, to estimate CACFP intake
CACFP Research

• Nationally representative sample of participants
• Nationally representative list of foods served in CACFP and nutrient composition (offered vs selected)
• Differences by:
  • Region of country
  • Type of program (home vs center daycare)
  • Number of participants
  • Number of meals/snacks served at site
CACFP Research

• Nutritional status of participants
  – Obesity and under-nutrition prevalence

• Nutrition-related health status of participants
  – Obesity
  – Hypertension
  – CV disease
  – Diabetes
  – Lactose intolerance/refusal
  – Celiac disease

• Use of supplements
  – Vitamins, minerals
  – Other supplements
Time to Act for CACFP

• Baseline data as soon as possible

• Pilot new Meal Requirements to identify implementation barriers:
  – Providers
  – Participants

• Develop implementation plan with awareness of diversity of the CACFP and importance of this food supply to participants
  – WIC
  – School foods
  – CACFP
Summary

- Extensive need for data to provide evidence for future CACFP monitoring and updates
- Most complex and heterogeneous of the food and health programs
- Birth to 2 year olds are a major participant group who have no federal food intake guidelines