

# Child Care Feeding Programs Support Young Children's Healthy Development

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## Background

Nutrition in early childhood is an essential foundation for healthy child growth and development.

Nearly 11 million children under age 5 are in child care.

The federal Child and Adult Care Food Program (CACFP) reimburses eligible child care providers for meals & snacks that meet specific nutritional guidelines.

Almost 4 million young children were served by CACFP in child care centers and family childcare homes in 2016.



## Hypothesis

Children in childcare sites who receive childcare-provided meals vs. parent-provided meals have better health indicators.

## Methods

- From 2010 - 2015 trained interviewers conducted surveys of caregivers of children <36m in English, Spanish, and (in Minneapolis only) Somali in urban pediatric clinics and emergency departments in five cities across the U.S.
- The Children's HealthWatch survey includes questions on demographics, employment, early education and care, food security, public assistance program participation, child health and concerns about child development using the Parents' Evaluation of Developmental Status.
- Analysis: logistic regression relations between child care meal source and food insecurity, child health and developmental indicators.

## Sample & Rationale

Analysis was limited to children:

- between the ages of 13-36 months
- attending child care centers or family child care homes for 5+ hours per day
- receiving child care subsidy

The sample was divided into two groups based on meal source:

- meals supplied by the provider, proxy for CACFP participation
- meals supplied by the parent to non-CACFP participant providers

Table 1

### Maternal and Child Characteristics

	Total	Meals provided in childcare	Parent provides meals
<b>Total Category # (%)</b>	<b>1,973 (100)</b>	<b>1,694 (85.9%)</b>	<b>279 (14.1%)</b>
<b>Child Characteristics</b>			
Age, mean (SD) months*	28.1 (10.0)	28.5 (10.0)	26.2 (9.6)
Low birth weight <2500g*	308 (16.1)	249 (15.2)	59 (21.6)
<b>Maternal Characteristics</b>			
Race/Ethnicity, # (%)*			
Hispanic	467 (23.9)	409 (24.3)	58 (21.1)
Black, NH	1233 (63)	1068 (63.5)	165 (60)
White, NH	190 (9.7)	149 (8.9)	41 (14.9)
Other	67 (30.4)	56 (3.3)	11 (4)
Married, # (%) *	458 (23.2)	378 (22.3)	80 (28.7)
Education, # (%)			
Some School	343 (17.4)	296 (17.5)	47 (16.8)
High School Grad	721 (36.6)	625 (36.9)	96 (34.4)
Post High School	908 (46)	772 (45.6)	136 (48.7)
Age, mean (SD) years*	26.6 (5.5)	25 (5.5)	26.6 (5.5)

\*significant at p<.001

- 86% receive meals provided by the childcare
- More children whose mothers are white and married are in care where parents provide the meals

## Results

Table 2

### Participation in Public Assistance Programs

Program	Total n=1,973	Meals provided in childcare n=1,694	Parent provides meals n=279
TANF	35.3%	36.1%	30.5%
SNAP	78.2%	78.8%	74.6%
WIC	65.1%	64.3%	69.9%
Housing Assistance	30%	30.5%	27.4%
Energy Assistance	33.1%	33.4%	31.3%

- Family participation in other public assistance programs is relatively uniform between groups – given that all in the sample receive childcare subsidy lack of variation not surprising
- SNAP participation higher than WIC participation, likely reflecting older child ages.

No significant differences between groups

Table 3

### Source of Childcare Meals & Child Health and Development Indicators

Outcomes	Meals provided in childcare n=1,694	Parent provides meals n=279
Household Food Insecurity	0.62 (0.47, 0.82)	1.00
Child Food Insecurity	0.85 (0.59, 1.24)	1.00
Child Health Fair/Poor	0.57 (0.41, 0.80)	1.00
Developmental risk	0.67 (0.48, 0.92)	1.00

Highlighted cells are significant at p<0.01

## Results

Compared to young children whose parents supplied meals from home, young children whose meals were supplied by the daycare were:

- 38% less likely to live in a food-insecure household
- 43% less likely to be in fair or poor health
- 33% less likely to be at developmental risk

## Summary

- Most young children who receive child care subsidies are provided meals by the child care provider.
- Children whose meals are provided by the child care provider are more likely to be in good health, be developmentally on track and live in a household that has access to sufficient food compared to children whose meals are provided by the parent.
- These findings provide evidence that CACFP contributes to high quality, regular nutritious meals in child care to support children's optimal health and development, as well as alleviate some economic hardship for low-income households with young children.
- CACFP is included in the Child Nutrition Program Reauthorization which was postponed to 2017. Ensuring that eligible providers can easily access the program and that adequate funding is allocated to support high quality nutrition will reap dividends for young children's health and development.

## Definitions

Temporary Assistance for Needy Families (TANF)  
 Supplemental Nutrition Assistance Program (SNAP)  
 Special Supplemental Nutrition Program for Women, Infants and Children (WIC)  
 Household Food Insecurity: inadequate access to enough nutritious food for all household members to lead an active, healthy life  
 Child Food Insecurity: Caregiver no longer able to buffer child from inadequate household food resources, skipped meals/reduced portions