

## CACFP Agencies

- Forty-eight state CACFP agencies participated in the survey.
- The size of CACFP state agencies varies considerably: approximately one-third of states have five or fewer CACFP staff (four states have only one CACFP staff person), one-third have from six to 10 CACFP staff, and one-third are larger with 11 or more CACFP staff (four states have over 22 CACFP staff).
- The majority of state agencies (81 percent) have a registered dietician or nutritionist on staff.
- Most state agencies (94 percent) participate in one or more coalitions or councils, most are commonly focused on nutrition or obesity prevention (67 percent), anti-hunger (67 percent), or child care (41 percent).
- Only 31 percent of state agencies reported receiving additional funding in the current year. More states had received funding in the last three years including Team Nutrition, Center for Disease Control and Prevention, and foundation grants, and SNAP-Ed funding.



## Nutrition Education Programs

- All CACFP agencies offer nutrition education, 63 percent require participation of CACFP providers.
- Nearly all agencies (94 percent) have nutrition education materials available for distribution, most often as handbooks or toolkits, but also as fact sheets, brochures, and pamphlets, available online and as posters.
- Nutrition education is available in 35 percent of states in a language other than English; all of these states offer materials in Spanish, one state offers materials in Chinese, and three states offer materials or training in another language, including Amharic and Somali.
- State agencies offer training in a wide variety of schedules: nearly one-third (32 percent) offer training quarterly or more often, 14 percent offer training two to three times each year, 15 percent offer training as needed and one in four agencies provide training only once each year.
- Trainings are most often provided as statewide or regional meetings (92 percent), but are also available in a majority of participating states through site visits (56 percent).
- Nutrition trainings are targeted to center directors (83 percent), cooks and food service staff (81 percent), and sponsoring organizations (83 percent).
- In addition to training child care centers, 94 percent of agencies provide nutrition education to the sponsors of family child care homes.

### ***Nutrition Education Topics***

- Of the 28 nutrition education topics that were listed in the survey, on average, states affirmed covering 16.3 nutrition topics.
- Most often the nutrition education topics covered included the CACFP meal pattern, creditable foods, and low-fat or fat-free milk, all of which are federally-required education topics.
- Over three-fourths of states also covered whole grains, fruits and vegetables, infant feeding, drinking water, appropriate portion sizes, and healthy menu planning.

### **Physical Activity Education Programs**

- In contrast, physical activity education is only available in 56 percent of states and required by only two states.
- Only 25 percent of those who offer materials have versions translated into a language other than English, primarily Spanish; however, materials are also available in Chinese in one state.
- Training most often occurs on an annual or as-needed basis, mostly intended for center directors or sponsors, and often at statewide or regional meetings.

### ***Physical Activity Education Topics***

- Of the nine physical activity education topics that were listed in the survey, on average, states affirmed covering 5.4 physical activity education topics listed.
- Only 56 percent of states offer physical activity training.

### **Enhanced Nutrition Standard Implementation**

- Nearly half (48 percent) of the states had implemented enhanced nutrition standards in addition to the federal requirements.
- Of states that implemented enhanced nutrition standards, the most common standards were: serving low-sugar cereals (83 percent) and whole grains (83 percent); limiting high-sugar desserts (78 percent) and juice to no more than one serving per day (78 percent); serving only low-fat or non-fat dairy foods (74 percent); and limiting high-fat entrees and fried foods (74 percent) as well as high-sodium foods (52 percent).
- State agencies identified the key factors facilitating the success of enhanced standards: strong state agency training and technical assistance, committed leadership and motivated staff, clear policy and educational materials, practical models such as food specifications for catering, adequate time for implementation, and additional funding often in the form of Team Nutrition grants.



### **Successful Implementation of the Healthy, Hunger-Free Kids Act Nutrition and Wellness Requirements: Barriers and Facilitators for State Agencies**

- A majority of states felt that staff time (84 percent) and competing priorities (77 percent) were barriers to full implementation.
- The majority (83 percent), reported needing resources in languages other than English to meet the needs of providers in their state.
- When states were asked how to facilitate implementation of the Healthy, Hunger-Free Kids Act, 75 percent indicated that implementation funds are needed.
- In addition, 69 percent of states said increased availability of CACFP physical activity and screen time-reduction materials or curriculum would aid them, 67 percent need more low-literacy resources, 67 percent want unnecessary paperwork reduced, and 65 percent would like increased availability of nutrition education and training materials or curriculum.

### **Successful Implementation of the Healthy, Hunger-Free Kids Act Nutrition and Wellness Requirements: Barriers and Facilitators for Child Care Providers**

- Nutrition: budget limitations (68 percent), time constraints (61 percent), lack of practical skills in healthy cooking and meal planning (57 percent), child preferences (53 percent), and lack of support from staff and/or teachers (49 percent).
- Physical Activity: lack of practical skills in physical activity (70 percent), lack of support from staff and or teachers (51 percent), limited opportunities for outside activity (45 percent), and time constraints (43 percent).
- Enhanced Nutrition Standards: lack of support from staff and/or teachers (73 percent), budget limitations (73 percent), child preferences (64 percent), time constraints (59 percent), and lack of practical skills in healthy cooking and meal planning (55 percent).

### ***Nutrition and Wellness State Agency Survey***

*The Child and Adult Care Food Program (CACFP) is a federal nutrition program that provides reimbursements for meals served in child care centers, family child care homes, afterschool programs and emergency shelters. The Food Research & Action Center identified two main goals for this survey of CACFP state agencies: 1) document state capacity, nutrition and physical activity education, training, materials, initiatives, and future plans; and 2) identify and quantify facilitators and barriers to implementing the new nutrition and wellness requirements. The survey was administered online, had approximately 60 questions, and covered 2013. In total, surveys were collected from 48 state CACFP agencies serving a combined total of 98 percent of CACFP participants nationally.*

*For additional information, please contact Geraldine Henchy, Food Research & Action Center, [ghenchy@frac.org](mailto:ghenchy@frac.org), (202)986-2200, extension 3025. For state agency best practices, please see FRAC's website: <http://frac.org/federal-foodnutrition-programs/child-and-adult-care-program/child-care-wellness-plans-and-policies/>.*

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