Contextual Factors Influencing Disparities in Child-Care Center Participation in the U.S Child and Adult Care Food Program

[1]Mary Adebimpe Adewoye, MS, [1]Temitope Erinosho, PhD, [2]Maihan Vu, DrPH, [2]Derek Hales, PhD, [3]Meghan Rakowski, MPH, [2]Michelle Herr, [1]Julia Engers, BS, [2]Falon Smith, PhD

[1]Indiana University School of Public Health Bloomington, IN [2] University of North Carolina at Chapel Hill, NC [3]The Forum for Collaborative Research, Washington, D.C.

Background

Nearly 1 in 5 U.S. children live in food-insecure households. The Child and Adult Care Food Program (CACFP), a federally regulated feeding program, reimburses child-care centers for serving nutritious meals and snacks to children at risk for food insecurity. However, national estimates report that only 61% of child-care centers participate in CACFP, with significant opportunities to increase CACFP uptake among eligible centers. Secondary analysis of the 2019 National Survey of Early Care and Education (NSECE) by the present study team identified especially low participation in CACFP among eligible centers located in high-poverty rural and moderately urban communities, but little is known about the drivers of these disparities.

Objective

This study examined contextual factors influencing CACFP participation among child-care centers in high-poverty rural and moderately urban communities.

Methods

Data were collected from three states with low (<50%) CACFP participation levels– Illinois, Pennsylvania, and South Carolina. Fifteen child-care center directors participated in semi-structured telephone interviews. The interviews provided insight into center characteristics, experiences with CACFP, available community resources, technology and communication supports, and recommendations for improving program access. Interviews were recorded, transcribed verbatim without identifiers, coded using Dedoose software (version 10.0.59), and analyzed using deductive and inductive approaches. Center characteristics (e.g., percentages, means, standard deviations [s.d.]) were summarized using descriptive methods in R software (version 4.5.2).

Characteristics of Interviewed Child-Care Centers

Child-Care Center Characteristics	15 Child-Care Centers (n, %)	
Geographic Distribution by State		
Illinois	8	(53)
Pennsylvania	3	(20)
South Carolina	4	(27)
Rural-Urban Location		
Rural	12	(80)
Suburban	3	(20)
Urban	0	(0)
Participation in CACFP		
Currently Participating	10	(66)
Not Participating	5	(33)
Years of Operation *(mean, s.d.)*	22.5	(19)

Key Findings

Four Factors were reported as influencing CACFP participation by child-care centers

Program Value

- **Finding:** CACFP centers viewed participation as a financial and nutrition benefit helping to offset food costs, support operations, keep tuition affordable, and provide consistent nutritious meals for children.
- **Barriers:** Some centers perceived limited value when balancing CACFP's eligibility and administrative requirements with low reimbursement rates provided.
- **Recommendation:** Increase CACFP's value by clarifying reimbursement processes, expanding eligibility options, reducing administrative burden, and providing practical implementation support.

Access to Support Systems

- **Finding**: Centers cited relying on external systems for operational support. For CACFP centers, this included sponsors, state agencies, and peer networks. For non-CACFP, this was partnerships with community organizations.
- **Barrier:** Limited access to sponsors, technical assistance, peer networks, and clear guidance made CACFP enrollment and administration more difficult for some.
- **Recommendation:** Increase sponsor access, individualized technical assistance, mentorship, and peer support, particularly for small and rural centers.

"If you're a small center, it's a lot to do. Tracking everything that the kids eat. Picking out menus. It's too much. It's too much for me….. and that reimbursement, it was not worth it. **Non-CACFP Participant**

"It's super complicated and the auditing process is painful… we see value in it because it helps us to fund nutritious meals and snacks… and establish healthy eating habits… but if I calculated out staff time and factored in the reimbursement, I really wonder how much it does help. **CACFP Participant**

Administrative Factors

- **Finding :** CACFP participation required substantial paperwork, documentation, staff time, and coordination, posing challenges for centers with limited staffing capacity.
- **Barriers:** Documentation requirements, difficulty obtaining family eligibility forms, short submission deadlines, inconsistent guidelines, penalties for non-compliance, limited staffing, low reimbursement.
- **Recommendation:** Simplify and digitize documentation and submission processes, provide clear and consistent guidance, streamline menu approval and payment processes, and ensure respectful, supportive monitoring and sponsor assistance.

Food Environment

- **Finding:** Rural centers cited constraints with food procurement, including high costs, limited food selections, limited access to bulk vendors, and reliance on a food procurement strategies.
- **Barrier:** For participating centers, procurement policies, documentation requirements, and limited supplier capacity complicated the purchase of foods that met CACFP requirements.
- **Recommendation:** For centers in CACFP, recommendations include centers providing access and connections to CACFP-approved procurement resources, local vendors, purchasing guidance, and practical recipe guidance.

Limitations and Strengths

- Limitations include the small sample of centers due to early grant termination because of shift in federal priorities, limiting generalizability and subgroup analyses.
- Notable strengths are the inclusion of perspectives from both CACFP and non-CACFP centers in states and communities with low CACFP participation levels, providing context-specific insight into the contextual factors influencing CACFP disparities.

Conclusion

- Findings showed 4 key contextual factors influencing CACFP participation, centering on challenges with food procurement, administrative burden, unequal access to supportive resources, and limitations with the community food environment.
- Addressing challenges would require simplifying CACFP administrative processes, improving technical supports provided, improving food procurement supports, and increasing reimbursement rates, which would benefit rural and lower-resourced centers.
- Future studies should include larger, more geographically diverse samples and interventions to improve CACFP uptake among rural and lower-resourced centers.

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