

EXECUTIVE SUMMARY

Identifying Challenges and Opportunities for Improving Healthy Food Access for Child Care Centers in Colorado

This food access scan was conducted on behalf of the Colorado Department of Public Health & Environment Child Care & Adult Care Food Program and Early Childhood Obesity Prevention Team with funding from The Colorado Health Foundation. WPM Consulting, LLC of Boulder, CO conducted the scan activities including interviews, surveys, and analysis. CDPHE-CACFP would like to thank all of the child care centers that gave their time and insight to inform this scan.

PROJECT BACKGROUND & INTENT

In the fall of 2013, the Child and Adult Care Food Program (CACFP) at the Colorado Department of Public Health and Environment (CDPHE) released a new package of nutrition policies, collectively referred to as the Healthier Meals Initiative (HMI) for child care centers enrolled in CACFP.

The HMI policies require the following:

- 1% or fat-free milk for children ages 2 years and older (an existing requirement)
- Limit 100% fruit juice to twice per week (promotes substitution of whole fruits and vegetables)
- Limit processed and pre-fried meats to once per week (promotes more scratch cooking from fresh food selections)
- At least one whole grain product per day

The intent of this food access scan is to understand: 1) to what degree accessibility of the food items required by HMI may pose challenges; 2) to what degree affordability of the food items required by HMI may pose challenges; and, 3) to what degree do -- or could -- local and regional food systems help provide the healthy food items required through HMI.

METHODOLOGY

To best capture the perspectives and stories of providers, the project team completed the following:

- A review of national trends, models, and resources regarding healthier food offerings in early child care settings;
- In-person interviews across the state with 28 randomly-selected public and private child care centers ranging from small (fewer than 25 enrolled children) to large (over 200) and with varying rates of CACFP participation; and,
- Interviews with key informants and an on-line survey of 28 regional food systems stakeholders to assess assets (food production, processing, and distribution) throughout Colorado that could serve child care centers.

KEY FINDINGS

Food Availability

Eight of the 28 interviewed centers reported some degree of difficulty in readily finding foods necessary to meet the new meal policies, though many more centers discussed challenges in finding food they would like to serve or diverse selections of these foods. Centers in rural areas disproportionately experienced this difficulty.

Finding enough whole grains and fresh as well as canned produce present the most significant challenges to meeting the HMI policies. While most centers report that they can usually find at least some produce as well as whole grains, at times selection is very poor. For example, the seasonality of produce re-

duces the availability of fresh produce in child care centers during the winter months, and many centers report a very limited selection even of canned fruits and vegetables, particularly in rural areas.

Regarding whole grains, distributors and even club stores do not often stock a diverse array of whole grain products and often lack whole grain bulk options, including whole grain flours. Exacerbating this is the continued confusion overall as to what constitutes a “whole grain” or about what the options are to feed children with gluten intolerances.

Similarly, confusion exists as to what processed meats qualify for reimbursement or not. There is a significant need to clarify what centers can and cannot buy, receive, and use from their own gardens and other local sources, including local meats, donated farm produce, and more.

Many centers use both delivery (usually of milk) and shopping to meet their needs, while only a select few (large) centers purchase food solely through a large food distributor. Providers that are too small or too rural to purchase through a distributor report a desire to be able to have more foods delivered to them.

Most communities, even rural and fairly isolated ones, do have a local grocer though these grocers are cost-prohibitive for centers and/or do not carry the quantities or quality of product required by centers. To avoid high costs of food sold locally, centers will drive dozens of miles -- in one instance up to 100 miles -- to shop at a club store. Most centers accept that this travel is “simply part of the job” but in some cases it is significantly burdensome and affects staff morale.

Food Affordability

Food affordability is a key concern for all centers, whether located in an urban or rural set-

ting. In meeting the requirements of the HMI, centers are constantly and strategically balancing quality, availability, and foods that meet requirements. While approximately half of all centers report that cost is their number-one factor in decision-making, this is most often due to budget realities and not values. Other factors of quality, freshness, and health are often cited as “on par” with cost, and some centers prioritize factors such as hormone-free milk or organic produce.

Whole grains and fresh produce provide the most significant challenges to meeting the HMI policies due to higher costs than previously acceptable offerings. Regardless, there is a strong commitment from centers to “make it happen somehow” and centers do not voice many concerns about providing these products. Rather, they simply acknowledge their costs may go up or budgets may have to be altered.

Large child care centers tend to have significant buying power and are therefore often able to order from a distributor, while smaller or rural centers rely on regular trips to grocery stores and club stores. Centers report that if they run out of an item, they have to purchase the item locally; for some centers, this means purchasing the item at a high price from a convenience store, gas station, or small local market.

Center staff are flexible and savvy shoppers. Staff read advertisements, clip coupons, and compare prices on a weekly basis and go where they can get the best prices to get the foods they need, even though rural centers have fewer places to choose from. Many centers are demonstrating great creativity in adapting to new policies and have learned how to save costs on some items, like by buying fewer expensive processed meats, and allocating those savings to items like fresh produce.

Regional Food Systems

In order to assess any existing or potential connections between local and regional food systems and child care centers in Colorado, specific questions were asked of each child care center and in an on-line survey completed by 28 regional food systems stakeholders such as food policy councils, CSU Extension, and LiveWell communities.

A significant interest – and an increasing amount of application – in connections between centers and regional food systems is evident. Of the 28 regional food systems survey respondents, 12 identified existing connections between local food systems and child care. The most commonly-reported existing activities include an on-site garden at a child care center; trips to farms or farmers markets; and, cooking with local foods.

Child care centers report similar current activities. In addition to several farm-based field trips, 10 out of 28 centers already have an onsite garden. Children at these centers help in the garden and eat produce from the garden in snacks and meals. Gardens are used as an experiential teaching tool and for taste-testing foods.

Providers often report that they know a local rancher or farmer and are interested in partnering with them, but are not sure how to make the connection. Additionally, centers are unsure if and how their existing infrastructure (e.g., paying invoices within 30 days) would work with a grower. The most commonly expressed need to enhance these connections is simply to become more aware of each other and the possibilities of working together.

Many regional assets exist that could be used to move more fresh, local, healthy products to child care centers. The most promising, and helpful, infrastructure will be that established

already by the K-12 Farm to School movement as well as the support provided by local food policy coalitions. Significantly, over half of the centers interviewed are interested in participating in regional partnerships such as co-operative purchasing with other centers.

Additional Findings

While not a direct charge of this food access scan, the significant role that staff interest, passion, skill and capacity plays in ensuring that all children have access to healthy foods is clear. Lack of cooking skills is a common barrier and concern when trying to meet the new HMI policies. The most significant issue is a lack of time – without adequate skills, it simply takes too long to cook from scratch. This is often compounded by limited counter or storage space. However, when a center director prioritizes healthy options, implementation of the HMI policies is reported to be much easier – or usually already happening – no matter the capacity of staff or storage.

PROMISING OPPORTUNITIES

A few examples of potential next steps for supporting strong implementation of the HMI policies are listed below. For a list of more promising opportunities, please read the full food access scan report also available for review at www.xxx.gov.

Policy & Advocacy Opportunities

- Explore public and private opportunities so that costs do not exceed reimbursements and income, given the new HMI policies. This could include:
 1. Advocating for higher USDA reimbursement rates;
 2. Engaging child care and food industries to contribute to healthy food purchasing incentives; and,

- 3. Increasing the buying power of institutions by forming more co-operatives or joint purchasing agreements.
- 4. Exploring other state-supported incentives.
- Explore the possibility of a geographic preference for food products as a part of the new HMI requirements.
- Work with the Colorado Department of Human Services (CDHS) to encourage larger centers to participate in the USDA Foods distribution program.

Funding & Pilot Projects

- Research, fund and support pilot projects of regional distribution models as well as cooperative purchasing models to move more regional produce to child care centers year-round, including frozen and canned products.
- Provide equipment that supports the foods required by the HMI policies such as commercial-size rice cookers, food processors, and crockpots.

Education & Capacity Building Campaigns

- Engage counties that have prioritized early childhood health in their public health improvement planning around the findings and solutions of this scan.
- Develop and implement a “garden in every center” campaign.
- Develop a series of “yes you can!” fact sheets with information on what centers can do, including building a garden, taking children to a farm, using garden or farm produce, receiving donations, and more.

Farm to Preschool Efforts

- Promote the concept and raise awareness about the possibilities! Get this on providers’ radars: 1) present the concept, 2) help them realize they may be doing this already, 3) present some examples of it being done — preferably in Colorado.
- Use the existing Farm to School infrastructure and resources. Connect providers with those preschools and K-12 schools in their area using local foods and look to what assistance has been most effective in K-12 to model for early childhood.

FOR MORE INFORMATION...

To learn more about the CDPHE-CACFP nutrition policies, contact the CACFP office at (303) 692-2330.

To learn more about federal CACFP guidelines, visit <http://www.fns.usda.gov/cnd/care/>. To learn more about the growing Farm to Preschool movement, visit <http://farmtopreschool.org/home.html>.

To read the full food access scan report, including an extensive list of national resources, vignettes and quotes from across the state, and some highlights of promising national models, please visit XXX.

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Colorado Department
of Public Health
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Child & Adult Care Food Program