



Research Shows that CACFP Helps Fill Nutrition Gaps for Preschoolers

Policy Brief • May 2022

CACFP Delivers Healthy Food for Preschoolers

It is important to lay the foundation for healthy eating habits early in life.¹

The federal Child and Adult Care Food Program (CACFP) provides balanced and nutritious meals to nearly 800,000 California preschoolers daily.²

Nutrition quality in childcare sites that participate in CACFP is better than in sites that do not.³ Further, participation in CACFP can reduce family food insecurity.⁴



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California's History of Leadership in Children's Nutrition Policy

SB 12 (2005) limited sale of non-nutritious competitive foods in K-12.

AB 2084 (2010) set the nation's highest standards for beverages in all licensed childcare.

SB 1413 (2010) required K-12 access to drinking water at no charge.

All these concepts were then included in the federal Healthy, Hunger-Free Kids Act of 2010.

AB 130 (2021) provides meals (breakfast and lunch) that meet federal nutrition standards, at no charge, to all K-12 students.

SB 1481 (2022) would provide meals at no charge to all children in CACFP licensed childcare homes and centers.

Many Preschoolers Lack Healthy Food

- Diet quality in young children in the U.S. does not meet national nutrition guidelines. This can impact children's growth and development and establish poor nutrition habits that persist into adulthood.^{5,6}
- Children are not eating enough fruits and vegetables,⁷ particularly children in families with low-income.⁸

Lack of Healthy Food Has Severe and Long-Lasting Health Consequences

- Lack of healthy food has been consistently associated with children's poorer overall health status, and acute and chronic health problems later in life.⁹
- For example, lack of healthy food increases risk of overweight and obesity.
 - In 2010, 16% of California children aged 2-5 were overweight and another 17% were obese.¹⁰
 - Children with obesity are at increased risk of prediabetes, type 2 diabetes, and other risk factors for heart disease, such as high blood pressure, high cholesterol, and fatty liver disease; as well as sleep apnea, early puberty, and psychological issues.¹¹
 - Modeling shows that if current trends continue, in California adults the prevalence of obesity will rise to 41.5% by 2030, while 18.3% will have severe obesity.¹²

Lack of Healthy Food Has Costly Financial Consequences

- Overweight and obesity-related health costs were estimated at almost \$21B in California in 2006.¹³
- Type 2 diabetes direct medical costs were estimated at \$7B for Medicare, \$3B for Medi-Cal, and \$10B to other payers,¹⁴ while indirect costs of diabetes-related morbidity and mortality were estimated at \$30B in California in 2013.¹⁵



Food Insecurity and Diet-Related Chronic Conditions are Rife with Disparities: Three Examples

- **Food insecurity varies by race and ethnicity.** In California, 22% of Hispanic and 20% of non-Hispanic Black children lived in households that sometimes or often did not have enough to eat, compared with 9% of non-Hispanic White children in 2020.¹⁶
- **Prevalence of overweight and obesity varies by income level.** In California, child overweight or obesity is twice as common in families under 100% of the federal poverty level (FPL) as in families over 400% of FPL (44.3% vs. 21.2% children overweight or obese in 2007).¹⁷
- **Prevalence of obesity also varies by race and ethnicity.** In the U.S., 26% of Hispanic children and 22% of non-Hispanic Black children have obesity, compared with 14% of non-Hispanic White children and 11% of non-Hispanic Asian children, in 2016.¹⁸



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