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Analysis of The Child and Adult Care Food Program

I. Problem

Every day in America, millions are food insecure. According to the United States Department of Agriculture (USDA), this means that a household has an “economic and social condition of limited access to food” (Gundersen). This issue disproportionately affects communities that are more likely to depend on the care of others, such as children, seniors, and those living with disabilities. Specifically, as of 2017, one in 12 seniors (“Senior Hunger”) and one in seven children (“Facts About”) are food insecure. In a country that so often prides itself on its wealth, 17.5 million people question where their next meal will come from everyday (“Facts About”).

Without regular access to healthy, nutritious food, nearly every area of health feels an impact. For children, food insecurity can lead to impaired language and motor skills, anxiety, aggression, anemia, and many other effects that greatly affect their growth and development later in life (Gundersen). Since those under 18 are dependants, many of the causes stem from household issues. Anything from a mother’s mental health to the housing stability of the family can lead to a child experiencing food insecurity (Gundersen). Children without consistent, healthy meals cannot be expected to focus in school and succeed if their main priority is finding a way to eat dinner.

After children, seniors above age 60 make up the demographic that is most likely to experience food insecurity. Main causes include small savings accounts, low incomes, and social security payments (“Senior Hunger”). Just as with children, the health costs of food insecurity can be severe. There is an increased chance of developing a disability or disease, as well as chronic conditions like depression, asthma, and chest pain (“Senior Hunger”). With 10,000 people becoming seniors every day in America, the rate of food insecurity is likely to grow without proper intervention (“Senior Hunger”). If there is no action taken, millions more will soon be experiencing food insecurity in old age.

II. Program and Goals

The issue of food insecurity is not a new one. Similar analysis of the problem in earlier decades prompted the creation of the Child and Adult Care Food Program (CACFP) in 1989. This program began as a three-year pilot focused on children in afterschool programs and, as demonstrated need was observed, it expanded to include elder care and care for those living with disabilities (“Narrative History”). The way this program functions is through a reimbursement process. When those running eligible programs such as child care centers, after school care, or adult day care facilities spend money on nutritionally valuable snacks and meals, they are able to receive money back to cover the costs (“Eligibility Manual”).

Through distributing grants to states, the CACFP gives more local autonomy to the program. Commonly, states choose to administer the funds through their state departments of education (National Conference). The qualifications vary by program, with children through age 12 included in daycares and child care, children through age 18

in afterschool programs and emergency shelters, and anyone who is above age 60 or living with a disability and enrolled in an adult day care facility (National Conference). While the requirements are very precise, this ensures that the program serves its intended function and includes all organizations that provide care for children, seniors, and those living with disabilities.

As outlined on the program's website, the main goals of the CACFP are "to ensure that well-balanced, nutritious meals are served to children and to help children learn to eat a wide variety of foods as part of a balanced diet," as well as ensure those who are elderly or living with disabilities have access to proper nutrition (National CACFP). In order to do so, there are established benchmarks that the programs must reach in terms of nutrition. These are updated fairly regularly, with the last major update in 2015 (National Conference). By accounting for new developments in food and nutrition research, the CACFP ensures that funds are spent on food that is fresh and has important vitamins and nutrients that many experiencing food insecurity receive with limited access.

By protecting groups that are at the greatest risk for experiencing food insecurity, the CACFP provides essential nutritional support. State autonomy allows for populations of greatest need to be targeted at a more direct level, as creating a sweeping federal program would not allow for such customization and direct assistance to those in need. This program also acts as an incentive for those who want to give those struggling with stability a hand up. Reimbursements allow for new programs to come into existence and know that they will have the necessary funds to operate and serve communities. Most

importantly, the CACFP supplements larger programs, such as the Supplemental Nutrition Assistance Program and the Special Supplemental Nutrition Program for Women, Infants, and Children. In doing so, it covers holes that may come with eligibility for these programs and provides guaranteed access to nutrition for some of the country's most vulnerable populations.

III. Politics

The Child and Adult Care Food Program became such in 1989 with the passage of the Child Nutrition and WIC Reauthorization Act of 1989. This law, sponsored by California Democrat Augustus F. Hawkins, had 31 co-sponsors, three of which were Republican representatives (Hawkins). Being the chairman of the House of Representatives Education and Labor Committee, Representative Hawkins had more status than the average member of Congress. There was also a Democratic majority in the House of Representatives, which led to the council having 23 Democrats and 13 Republicans as its members ("History"). With a large majority, it is clear that any legislation the Education and Labor Committee put to a vote would swing to the Democratic vote. Though the majority party of the House of Representatives has shifted back and forth many times since the 101st Congress, the program has remained in place.

While this program has been given appropriations and moderate changes more recently in Congress to continue, the most notable update to the program came with the Healthy, Hunger-Free Kids Act of 2010. This law, passed during the administration of President Barack Obama, provided sweeping updates to nutritional standards for children, most notably in schools and afterschool programs (Healthy). The specifics of the CACFP,

found in Title I, Subtitle B of the legislation, outline in detail what qualifies as nutritionally valuable, what programs are eligible for reimbursement through grant funds, and how the funds are to be used. Different members of congress were able to have their voices heard through these smaller additions. It also put provisions in place to continually update the law, stating that meals and snacks funded by CACFP “shall consist of a combination of foods that meet minimum nutritional requirements prescribed by the Secretary on the basis of tested nutritional research” (Healthy).

Any law that is debated in Congress is highly contested and contains notable partisan biases even if it is an attempt at bipartisanship. With the Healthy, Hunger-Free Kids Act, the influence of the Democratic party was present, especially paired with First Lady Michelle Obama’s campaign for improving child nutrition nationwide. This law passed in a vote of 264-157 in the House of Representatives, with the majority of Republicans voting nay and Democrats voting yea (Healthy). With a Democratic majority in Congress at the time, the voting split and passage of the law met expectations. What helped the legislation pass is the objective support anything protecting children receives. The appeal to pathos when children are involved is undeniable.

More recently, the CACFP was updated once again under the Richard B. Russell National School Lunch Act, passed in 2014. Setting up the program in Section 17 of the legislation, Congress echoed the same language used in the Healthy, Hunger-Free Kids Act. Again, the goal of the CACFP was stated directly as a program to “provide aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of

young children, and the health and wellness of older adults and chronically impaired disabled persons” (Richard). Reading both laws side by side, it is clear that the majority of the program has not changed, as Congress still agrees on its importance.

The areas of the legislation that are most debated echo many, if not most, laws that are debated in the Senate and House of Representatives. With the agreement to provide block grant funding to finance the CACFP, Republicans and moderate Democrats were more likely to support the passage of the law. While progressive Democrats generally push for more federal control, the use of state autonomy made the legislation easier to support for moderates on the political left and right.

IV. Impact

Though the CACFP has a narrow scope, the program is very successful for the role it has. By supplementing programs that operate on a household basis, such as the Supplemental Nutrition Assistance Program, this initiative covers any gaps in need. For example, a student who remains in after school care until late evenings when their parents come home from work would need access to food during their program rather than at their home. Provisions that reimburse spending on meals from these after school centers provide an incentive for more programs to run by making their function more affordable, which ensures more students who are food insecure have access not just to food, but to meals that are nutritionally valuable.

According to the USDA, “more than 4.2 million children and 130,000 adults receive nutritious meals and snacks each day” through the CACFP (U.S. Department). In 2017, which is the most recent year that data has been collected and analyzed,

approximately 2,046,000,000 meals were served through this program (U.S. Department). This means that thanks to the CACFP, millions of children and thousands of adults receive meals that they otherwise would not, no matter what other programs or support they might have access to. By creating a program that is outside of the home, Congress has ensured that those who are experiencing food insecurity, especially the most vulnerable populations, have healthy, nutritious meals and snacks.

There are of course issues with the functionality of the CACFP. As the statistics make clear, the vast majority of funds and assistance goes towards helping children. While all parties eligible deserve support from the program, it is evident that adults living with disabilities and seniors are underserved. Another issue that may limit the positive impact of the program is the restriction on how much can count towards reimbursement. Facilities and organizations can only receive money back for two meals and one snack per child, per day (National Conference). This cut back from up to three meals a day qualifying for reimbursement was made in 1996 and has not been changed since, leaving some centers struggling to feed those who stay all day in child or adult care facilities (National Conference). Without proper funding, organizations that would be able to better support communities are struggling to meet demonstrated need.

Similarly, many have found issues with meeting the eligibility criteria. For those in rural or suburban areas, it can be difficult to prove that there is a clear need in the community because there is not a strong concentration of poverty like in urban areas (National Conference). There is also a lapse in outreach and communication caused by the division of licensing. Most child and adult care facilities receive their licensing and

subsidies through the department of human services found in their individual states, whereas the approval for CACFP reimbursements comes from the state department of education (National Conference). By dividing up the locations for licensing and funding, this program makes it more difficult for organizations to utilize the funding and keeps communities from supporting more people experiencing food insecurity.

Despite flaws in the CACFP, the benefits of the program are undeniable. This program would not continually receive appropriations each year in Congress if the need to support the nutrition of vulnerable populations was not still present. By bolstering other programs, the CACFP ensures that children, elderly, and those living with disabilities have access to healthy meals. Because the program continues to serve millions each year, it is clear that the impact of the CACFP is overwhelmingly positive and successfully implements its intended function.

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