

# SERVING HEALTHY COMMUNITIES

Community Nutrition Programs  
2002 Annual Report



*Minnesota*  
Department  
of Education

CHILD AND ADULT CARE FOOD PROGRAM  
SUMMER FOOD SERVICE PROGRAM  
SPECIAL MILK PROGRAM

# Community Nutrition Programs

Community Nutrition Programs are administered by the Minnesota Department of Education. These programs operate in many community settings to help ensure the nutrition and health of Minnesotans.

**The 11,000 Minnesota family child care providers that participate in the CACFP are the most per capita of any state and the second-largest group of CACFP family child care providers in the nation.**

## TOP FOUR STATES — CACFP FAMILY CHILD CARE PROVIDERS

CALIFORNIA	22,400
MINNESOTA	10,900
NEW YORK	8,500
TEXAS	7,900

## CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

The Child and Adult Care Food Program provides:

- Reimbursement for nutritious breakfasts, lunches, suppers and snacks.
- Nutrition education.
- Staff training.

## Family Child Care Homes

On average approximately 11,000 family child care providers, the majority of licensed providers in Minnesota, participate in the Child and Adult Care Food Program.

Ten private nonprofit organizations are approved by Minnesota Department of Education, Food and Nutrition Service to administer the Child and Adult Care Food Program to providers throughout the state:

- Adults and Childrens Alliance, Inc., St. Paul
- Child Care & Nutrition, Inc., Ivanhoe
- Child Care Choices, Inc., St. Cloud
- Child Care Resource & Referral, Inc., Rochester
- Children's Advocate Programs, Inc., Mankato
- MN Provider Nutrition Network, Roseville
- Prime Providers, Inc., Wadena
- Provider's Choice, Inc., Minnetonka
- S.C.O.P.E. Resource Center, Inc., Owatonna
- Wilder Family Child Care Network, St. Paul

PARTICIPATING HOMES	11,000
ENROLLED CHILDREN	123,000
MEALS SERVED	49,000,000
REIMBURSEMENTS	\$40,000,000



PARTICIPATING SITES	774
ENROLLED CHILDREN	36,000
MEALS SERVED	11,200,000
REIMBURSEMENTS	\$8,300,000

### Child Care Centers

Over 750 child care centers, school-age child care programs, after-school care programs, and emergency shelters participate in the CACFP. Most participating centers are nonprofit.

The amount of funding that a center receives for each meal depends on the average household income levels of the children at the center. In other words, centers with more children from lower income households receive more reimbursement per meal.



PARTICIPATING SITES	34
ENROLLED ADULTS	1000
MEALS SERVED	282,000
REIMBURSEMENTS	\$250,000

### Adult Care Centers

Adult care centers across the state offer licensed day programs to adults with functional disabilities. The meal reimbursement structure is identical to child care centers, reflecting the number of participants from lower-income households.

PARTICIPATING SITES	358
ENROLLED CHILDREN	30,000
MEALS SERVED	1,200,000
REIMBURSEMENTS	\$2,700,000

### SUMMER FOOD SERVICE PROGRAM

The Summer Food Service Program (SFSP) provides nutritious meals for low-income children during the summer when schools are closed. Sites qualify by serving areas with over 50 percent low income children.

When federal reimbursement rates were reduced in 1997, the Minnesota Legislature acted to assist the program with \$150,000 in annual replacement aid.

PARTICIPATING SITES	187
ENROLLED CHILDREN	20,000
1/2 PINTS OF MILK SERVED	1,300,000
REIMBURSEMENTS	\$182,000

### SPECIAL MILK PROGRAM (SMP)

The Special Milk Program is an alternative for child care programs that want to claim only milk for reimbursement.



# Children's Health

## DIET QUALITY

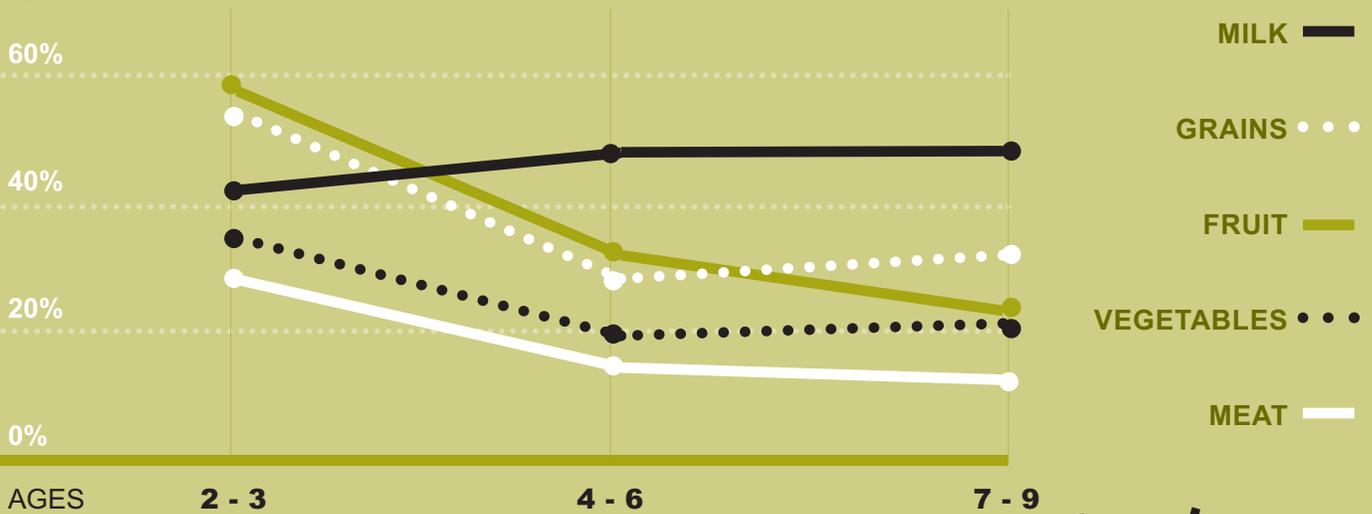
In 2001 the U.S. Department of Agriculture (USDA) Center for Nutrition Policy and Promotion published a "Report Card on the Diet Quality of Children Ages 2 to 9." The study measured dietary quality for American children in this age range. The results showed that most children's diets do not meet dietary recommendations.

The study used a "Healthy Eating Index" (HEI) to measure diet quality. The HEI provides an overall picture of the type and quantity of foods children eat, their compliance with specific dietary recommendations, and the variety in their diets.

The following chart shows the five HEI components that correspond to the consumption of types of foods. With the exception of milk consumption, younger children achieve significantly higher scores in these HEI components than older children. Fruit consumption by older children, for example, markedly declines compared to the young children.

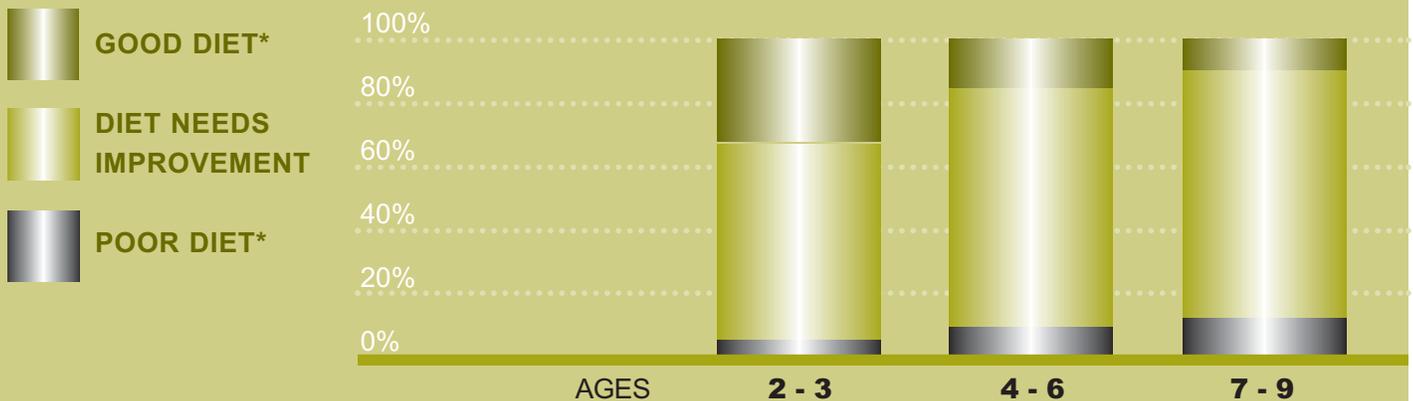


PERCENT OF CHILDREN MEETING DIETARY RECOMMENDATIONS by food component



After calculating each age group's total score for all components of the HEI, USDA estimated the percentages of children in each age group with "good diet," "diet needs improvement," and "poor diet." The chart shows how the proportions of children in these categories shift dramatically between age groups.

#### HEALTHY EATING DECLINES AS CHILDREN GROW OLDER



\* A "GOOD DIET" IS DEFINED HERE AS A DIET THAT, OVERALL, MEETS DIETARY RECOMMENDATIONS FOR THE AGE GROUP.

A "POOR DIET" IS DEFINED HERE AS A DIET THAT, OVERALL, DOES NOT MEET DIETARY RECOMMENDATIONS FOR THE AGE GROUP.

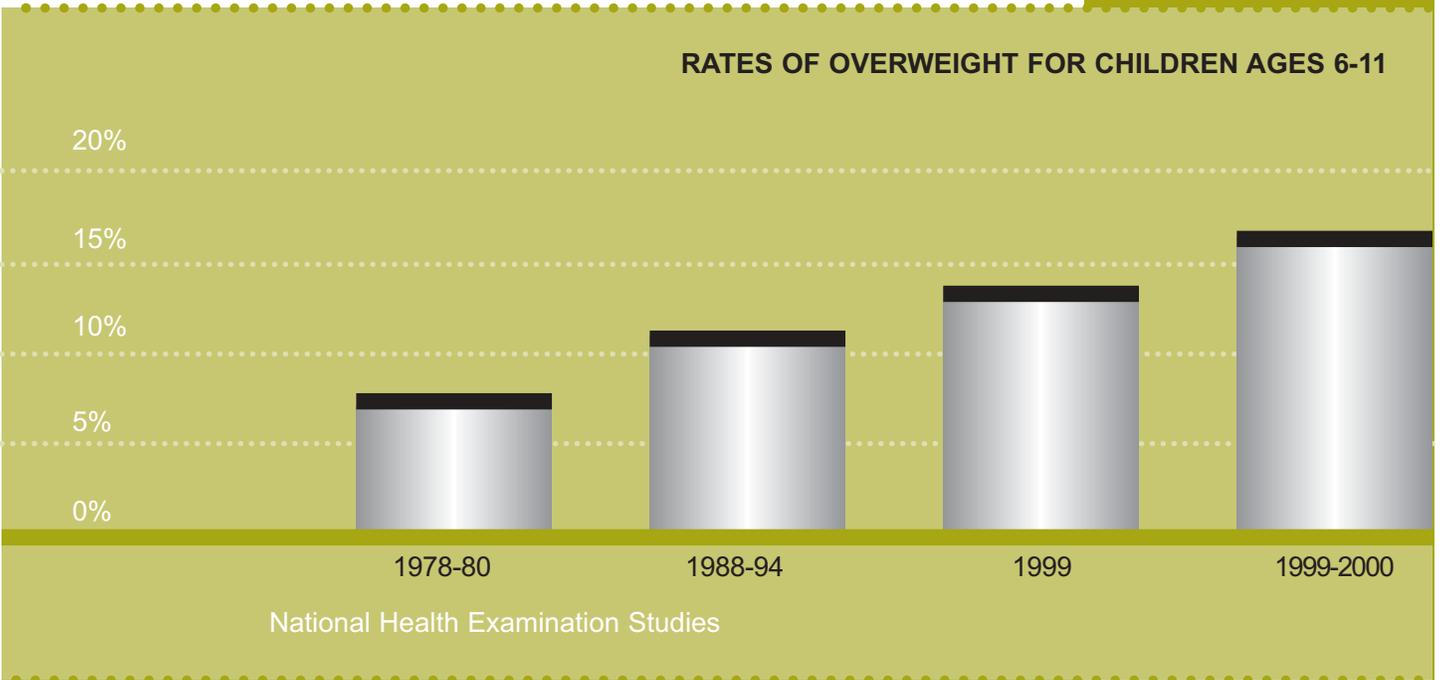
Comparing the overall results for the three age groups in the study:

- **The percentage of children with a "good diet" declines rapidly as children get older.** By ages 7 to 9, only one-third as many children are characterized as having a "good diet" (a decline from 36% to 12%).
- **Most children have a diet "needing improvement" and this percentage increases as children get older.** By ages 7 to 9, 80% of children are in this category.
- **The percentage of children with a "poor diet" doubles as children get older.** By ages 7-9, the percentage of children with a poor diet has increased from 4% to 8%.

For more details about the "Report Card on the Diet Quality of Children Ages 2 to 9," refer to Issue 25 of the USDA publication "Nutrition Insights" at <http://www.cnpp.usda.gov/Insights/Insight25.pdf>.

## CHILDHOOD OBESITY

Childhood overweight and obesity is a major problem that has resulted in large part from children's poor diets, especially excess calorie consumption. The combination of a decline in the quality of children's diets and inadequate childhood physical activity has led to a rapid increase in childhood overweight and obesity.



The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity (2001) observed:

**“Overweight and obesity may not be infectious diseases, but they have reached epidemic proportions in the United States.”**

THE RATE OF OVERWEIGHT FOR CHILDREN AGES 6 TO 11 MORE THAN DOUBLED DURING THE PAST TWO DECADES, FROM 7 PERCENT TO 15.3 PERCENT.

## USDA MEAL PATTERNS

USDA meal patterns, combined with education about nutrition and menu planning, provide a starting point for creating healthy food choices and well-balanced meals for children in care. With the majority of children served by the CACFP between the ages of three and five, the CACFP extends a significant influence on young children's eating habits.

Meal requirements established by the U.S. Department of Agriculture provide flexibility in the planning of menus while ensuring sufficient quantities of different types of foods.

A CACFP lunch includes:

- fluid milk,
- 2 servings of fruits or vegetables,
- grains or bread,
- meat or an "alternate" such as cheese, egg, or a vegetable protein product.

The USDA Early Childhood and Child Care Study (1997) compared CACFP meals to various nutrient standards and found the meals to meet most standards for healthy meals.





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