

# Preventing Childhood Obesity in Alabama

*“Shape Up Alabama! One Bite at a Time”*



## Celebrating Alabama’s Progress

Certified Public Manager® Program  
CPM Solutions Alabama 2024



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# Glossary of Acronyms

**APC** - Alabama Partnership for Children

**ADMH** – Alabama Department of Mental Health

**ADPH** – Alabama Department of Public Health

**ALDHR** - Alabama Department of Human Resources

**ALSDE** - Alabama State Department of Education

**ASRA** - Alabama School Readiness Alliance

**BMI** - Body Mass Index

**BSBC** – Blue Cross Blue Shield

**CACFP** - Child and Adult Care Food Program

**CDC** - Centers for Disease Control and Prevention

**CDSS** – California Department of Social Services

**Farm to ECE** - Farm to Early Care and Education

**FRAC** – Food Research and Action Center

**IEF** - Income Eligibility Form

**IRS** - Internal Revenue Service

**PAL** - Parenting Assistance Line

**T.E.A.C.H.** - Teacher Education and Compensation Helps

**USDA** - United States Department of Agriculture

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*The research, findings, and recommendations presented in this white paper do not represent the views of any agency or organization, but rather the collective educational research and analysis from the above diverse group of participants in the Certified Public Manager® Training Program.*

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# Introduction

According to a report titled “Obesity effects on child health” published by the National Institutes of Health, “obesity in childhood is the most challenging public health issue in the twenty-first century (Balasundaram, 2023).” Childhood obesity is a medical condition where children have an excess of body fat, posing numerous associated health risks. It is assessed using body mass index (BMI), measuring weight compared to height, and influenced by many different factors including genetics, diet, physical activity, and environment. Obese children have a higher risk for having, or developing, various health problems (Balasundaram, 2023).

The negative impacts of childhood obesity may include an increased risk for cancer, high

blood pressure, high cholesterol, heart disease, type 2 diabetes, metabolic syndrome, anxiety, depression, asthma, and sleep apnea. All of these can lead to increased morbidity and premature death.

Childhood obesity presents a considerable challenge in Alabama, with far-reaching health consequences. Our mission is clear: “Shape Up Alabama! One Bite at a Time!”

In this white paper, the Preventing Childhood Obesity in Alabama team will discuss Alabama's ranking on childhood obesity and its associated negative impacts. We will

highlight programs and initiatives that are effectively addressing this issue among children in Alabama. Additionally, we will provide research-based recommendations aimed at enhancing daycare participation in the Child and Adult Care Food Program to further mitigate the prevalence of childhood obesity.



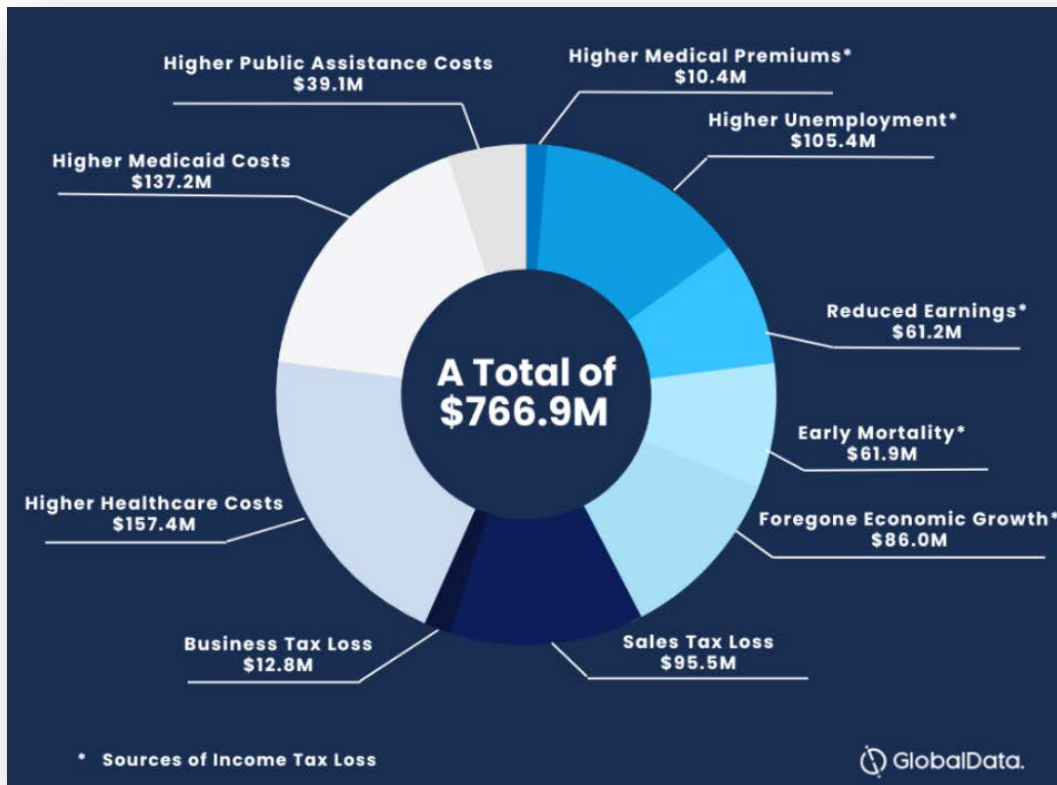
## Alabama's Battle with Childhood Obesity

Alabama has consistently ranked among the states with the highest rates of childhood obesity in the United States. Generally, states in the southeastern region, including Alabama, struggle with higher rates of childhood obesity compared to other parts of the country. According to the State of Childhood Obesity, an initiative of the Robert Wood Johnson Foundation, Alabama currently ranks 41 among the other 50 states and Washington D.C. with 20 percent of children considered overweight or obese. Contributing factors to the poor ranking in Alabama are cited as low physical activity, high computer usage and television watching, and poor nutrition. Poor nutrition in Alabama results from low consumption of fruits, vegetables, and milk, while consuming too much soda and not having access to breakfast (State Data, 2022).



As a result of Alabama's higher-than-average obesity rate compared to other states in the United States, Alabama faces increased healthcare costs, medication utilization, and demand for healthcare services. According to the Centers for Disease Control and Prevention (CDC), the expenses associated with prescription medications for conditions related to obesity are notably elevated in Alabama compared to states with lower obesity rates. This trend impacts healthcare providers such as Medicaid and Blue Cross Blue Shield (BCBS) of Alabama. Moreover, there is a rise in medication consumption linked to obesity, along with an increase in unnecessary and prolonged doctor appointments, as well as a higher prevalence of obesity among adults. Children with a higher body mass index tend to have a higher frequency of medical appointments compared to those with a lower body mass index. Health issues associated with obesity often necessitate more comprehensive medical care and follow-up visits. Prolonged and frequent consultations may potentially discourage individuals from seeking necessary medical attention, resulting in exacerbation of their health conditions. Moreover, heavy workloads stemming from increased patient visits may negatively impact the quality of care delivered by healthcare providers (Centers for Disease and Control Prevention, 2022).

Due to the rise in childhood obesity leading to a higher incidence of obesity in adults, Alabama is experiencing a notable economic impact (Centers for Disease and Control Prevention, 2022). An analysis of the economic impact of obesity in Alabama by Global Data in March 2024 revealed significant costs for both employers and the state. These costs include reduced workforce participation, higher health-related absenteeism and disability costs for employers, and lower earnings for individuals with obesity compared to those with a healthy weight (GlobalData).



According to detailed reporting by Global Data, estimates indicate employers in Alabama faced an additional \$822 million in medical expenditures due to health complications associated with obesity. Households with private insurance saw an increase of \$479 million in costs, while the state's Medicaid spending rose by \$137.2 million. Additionally, the federal government spent an estimated \$1.5 billion more on Medicare and Medicaid for Alabama residents (GlobalData).



**Obesity and overweight cost Alabama in 2022:**

- **\$7.2 billion in reduced economic activity, or 2.6% of Alabama's GDP**
- **\$767 million impact on the state budget, or 5.3% of 2022 fiscal year revenue**
- **\$655 million in health-related absenteeism and disability costs**
- **68,800 fewer adults in the workforce**
- **9% reduced earnings for women with obesity**

**Higher healthcare costs attributed to obesity and overweight total:**

- **\$822 million for employers**
- **\$479 million for households with private insurance**
- **\$137 million in higher Medicaid costs to Alabama (9.6% of state Medicaid spending)**
- **\$1.5 billion in federal Medicare and Medicaid spending**

Furthermore, in Alabama, obesity has placed a significant burden on the state's budget, with estimated costs exceeding \$750 million in 2022, which equates to 5.3% of fiscal year revenues. Alabama faced decreased economic productivity leading to in a \$433 million (3.0%) decrease in state tax revenues, while expenses for Medicaid, public assistance, and state government health insurance rose by nearly \$334 million.

Loss of economic production associated with obesity in Alabama include a significant reduction in the workforce, increased costs to employers for health-related issues, and a decrease in earnings for individuals with obesity compared to those with a healthy weight. Specifically, these impacts involve an estimated

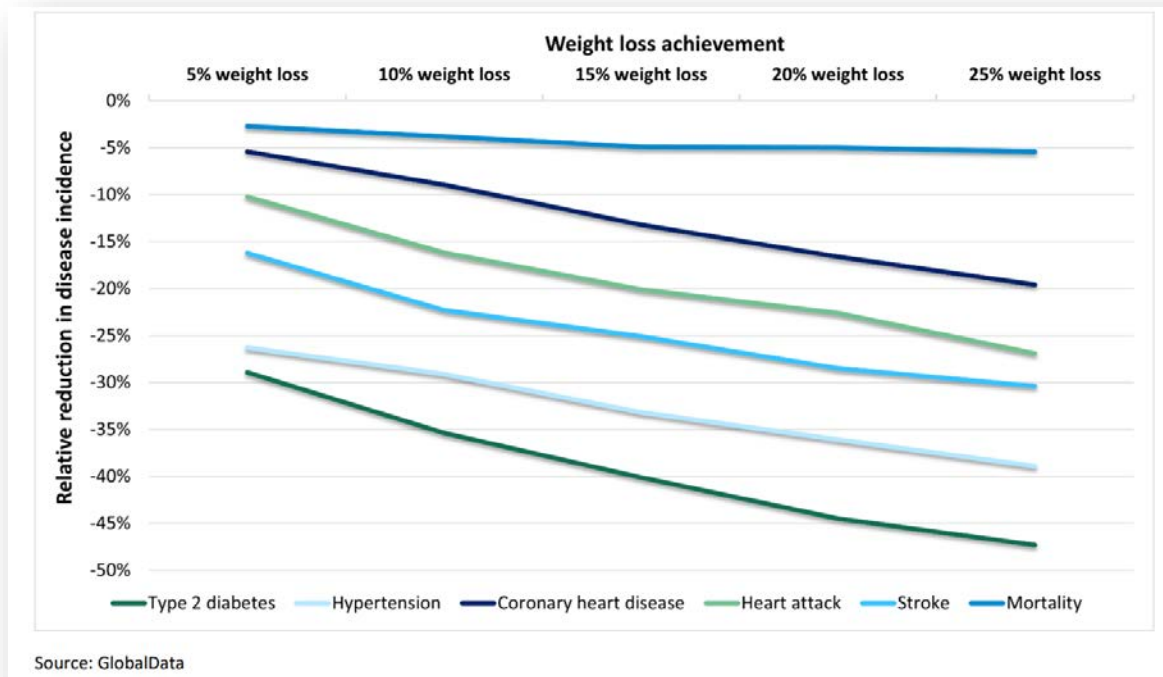
loss of 68,800 adults from the workforce due to obesity-related complications leading to unemployment and premature death, more than \$650 million in expenses for employers due to health-related employee absences and disabilities, and up to a 9% decrease in earnings for women with obesity compared to their healthy-weight counterparts.

Overall, the economic impact of obesity in Alabama demonstrates the need for preventative measures and interventions to address this issue and reduce the financial burden on individuals, employers, and the healthcare system. Global Data's analysis suggests that the implementation of weight loss interventions for 5% to 25% of Alabama's non-Medicare adult population with obesity has the potential to result in significant cost savings of \$3.5 billion to \$10 billion in healthcare expenses over the course of the next ten years.

Collaboration and coordination among federal agencies, healthcare providers, state governments, and community organizations are necessary to promote healthy lifestyles and

enhance access to healthcare services. Emphasizing interventions for childhood obesity can help foster healthier behaviors and ultimately improve overall health outcomes for Alabama’s physical and economic health (GlobalData).

Importantly, according to GlobalData, there is a positive correlation between weight loss and a decrease in disease incidence rates (GlobalData). By addressing the issue of childhood obesity in our state, we can help to “Shape Up Alabama! One Bite at a Time.”



## Alabama Initiatives and Programs Making a Difference

The "Shape Up Alabama! One Bite at a Time" approach focuses on promoting healthier lifestyles through small, manageable steps, or “bites.” Our mission is to encourage families, childcare professionals, volunteers, and child advocates to prioritize health-based initiatives, foster community involvement, and advance policy improvements to promote healthier lifestyles for children in Alabama. Here are important programs and initiatives in Alabama that are helping combat childhood obesity one “bite” at a time.

## Be Healthy School Grant Program

The Blue Cross and Blue Shield of Alabama's Be Healthy School Grant Program is a significant initiative designed to promote healthier lifestyles among students by providing funds for school-based health and wellness programs. For the 2023-2024 school year, the program awarded over \$337,000 to 36 schools across Alabama, each receiving up to \$10,000 to implement initiatives that emphasize increased physical activity, nutrition education, and parental involvement (Blue Cross Blue Shield of Alabama, 2023).

These schools will use the funds to enhance their health and wellness programs, contributing to the broader goal of combating childhood obesity in Alabama. For example, many of the grant proposals include projects such as the acquisition of new physical education equipment, the establishment of obstacle courses, and the installation of adaptive playground equipment. These initiatives are designed to foster a more active and health-conscious student body. Here are a few schools that have been highlighted for their innovative use of the grant funds:

- **Dauphin Junior High School** utilized the grant to build an obstacle course, promoting physical fitness and agility among students.
- **Gulf Shores Middle School** constructed a rock climbing wall, providing a unique and engaging way for students to stay active, test their fine and gross motor skills, and develop problem solving skills.
- **Warrior Elementary School** will purchase class bikes, allowing students to ride and incorporate cycling into their physical education program.
- **Highland Park Elementary School** is introducing equipment for games that were featured in the World Games held in Birmingham, AL, broadening the range of physical activities available to students (Birmingham USA, 2022)
- **Wilsonville Elementary School** will acquire archery equipment and adaptive PE equipment specifically designed for special needs children, ensuring inclusivity in physical education.

Since the inception of the Be Healthy School Grant Program in 2012, Blue Cross and Blue Shield of Alabama have awarded over \$2.9 million through 320 grants, impacting more than 151,000 students statewide. This program underscores the importance of providing necessary resources for children to lead healthier lives, contributing to a healthier Alabama overall (Blue Cross BlueShield of Alabama, 2023).

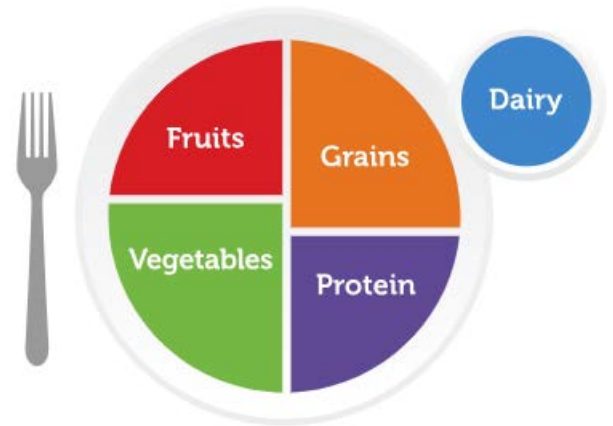
These grants are awarded annually, with the application process open between January and April. Schools across Alabama that serve students from kindergarten through twelfth grade are

eligible to apply. Each selected school is recognized with a Blue Cross Be Healthy School banner in addition to the grant funding (Blue Cross Blue Shield of Alabama, 2023).

These grants contribute to our goal of addressing childhood obesity and promoting the initiative to "Shape Up Alabama! One Bite at a Time."

## **MyPlate**

The Alabama Department of Public Health (ADPH) employs the "MyPlate" program, created by the U.S. Department of Agriculture (USDA), as one of the tools in their efforts to combat childhood obesity. MyPlate is a nutritional guide that harnesses technology to provide guidance to individuals, based on the "Dietary Guidelines for Americans, 2020-2025" to improve their nutritional habits. MyPlate provides a



visual representation of the ideal proportions of the five food groups—fruits, vegetables, grains, protein, and dairy—that should be included in a healthy diet, making it an accessible and practical resource for educating children and their families about balanced eating habits.

MyPlate provides an interactive website that offers personalized nutritional guidance based on individual demographics (age, sex, weight, heights) and activity level. These guidelines can be used by parents and caregivers to develop quality meals for children to encourage healthy food choices. This program often includes interactive games and resources that teach children about the importance of healthy eating in a fun and engaging way. Additionally, MyPlate utilizes a free mobile app, educational resources, and fitness trackers to help users understand how to apply MyPlate recommendations to their daily lives.

In schools, MyPlate can be incorporated into the curriculum. This can involve classroom lessons on nutrition and physical education activities that emphasize the importance of exercise in conjunction with a healthy diet. Schools can download MyPlate materials, such as posters and handouts, to display in cafeterias and classrooms that reinforce the message throughout the school day (MyPlate).

MyPlate is increasing awareness about the importance and ease of healthy eating among children and their families. By providing clear, easy-to-follow guidelines, recipes, and tips, MyPlate helps demystify nutrition, making it easier for families and schools to make healthier food choices. This, in turn, contributes to the broader goal of reducing childhood obesity rates in Alabama.

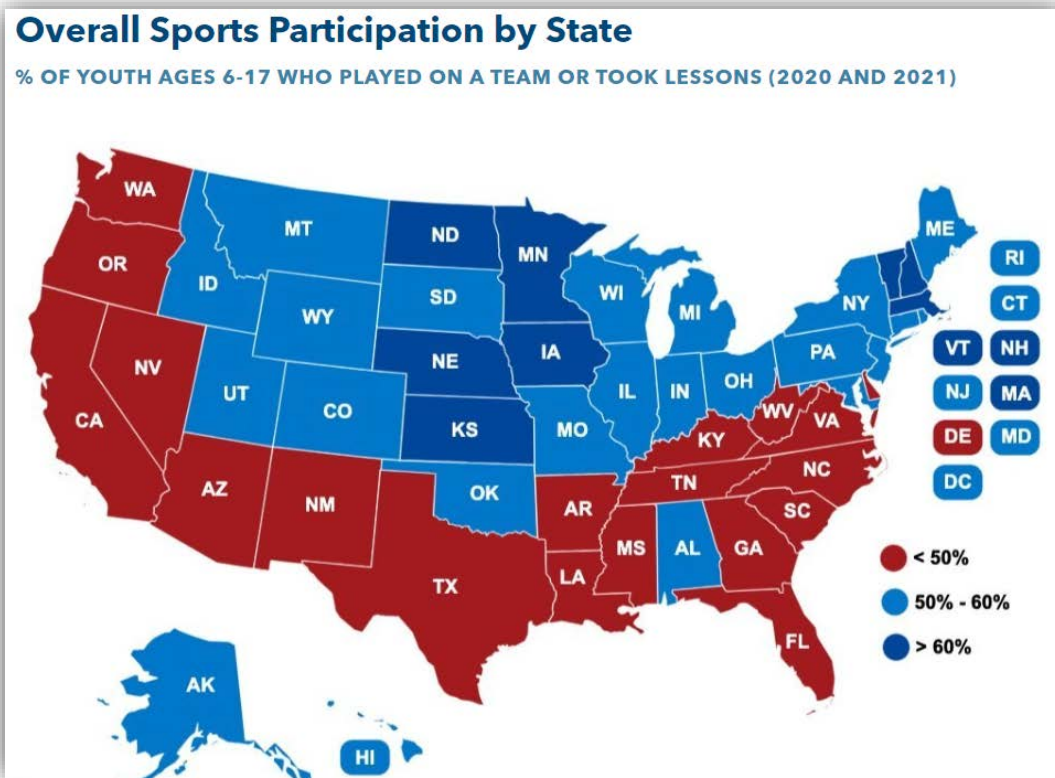
Moreover, the integration of MyPlate into various aspects of children's daily lives—from school meals to home cooking—ensures that the message of healthy eating is consistent and pervasive. This comprehensive approach is critical in creating long-term behavioral changes that can lead to improved health for Alabama's children.

The Alabama Department of Public Health's use of the MyPlate program is a main strategy in its fight against childhood obesity. By providing practical, accessible tools and education, ADPH empowers children and their families to adopt healthier eating habits. This initiative not only addresses the immediate issue of obesity but also lays the foundation for a healthier future for Alabama's youth.

The MyPlate initiative simplifies nutrition, facilitating healthier choices for families and schools, and aligns with our mission to "Shape up Alabama! One Bite at a Time."

## **Let's Get Active!**

Alabama boasts a strong cultural affinity for sports, which is often ingrained from an early age through familiar phrases such as "Roll Tide" or "War Eagle." According to the National Survey of Children's Health 53.4% of children aged 6 to 17 in Alabama engage in organized sports, marking the highest participation rate among states in the Southeastern United States, though it remains slightly below the national average of 55.1%. The U.S. Department of Health and Human Services has established a long-term goal for youth sports participation at 63.3% (Child Health Data). Children in Alabama have numerous opportunities to engage in organized sports through travel leagues, school teams, and the extensive YMCA network throughout the state. According to a survey conducted by the Aspen Institute, the most popular sports for youth participation in Alabama include basketball, football, cheerleading, and baseball (The Aspen Institute).



Another opportunity for physical activity includes participating in 5k runs. Research conducted by The National Library of Medicine indicates that running is a top 3 popular sport and leisure activity among adults, and it has been linked to various health benefits, including a reduction in overall mortality rates. The research also indicated that general physical activity wellness programs are more successful when paired with community-wide initiatives, and group exercises, such as organized 5K races (Relph, N. Taylor, 2023).

There are several reasons why individuals choose to participate in 5K races. According to a study conducted by RunRepeat.com, the majority of 5K runners (75.2%) engage in races to maintain their physical fitness. Additionally, a significant percentage (70.8%) of runners participate in 5K events for overall health purposes, while several also (58.9%) run for enjoyment and to show support for the causes promoted by the hosting organization. 5K races not only offer an enjoyable and beneficial form of physical activity, but also provide an opportunity to contribute to charitable causes (Nikolova, V, 2023).

Organized youth sports in Alabama should be celebrated for their significant contribution to our mission of promoting health and wellness in the state to "Shape up Alabama! One Bite at a Time."

## **The Alabama Partnership for Children**



Leading the efforts to ensure that every child in Alabama has the opportunity to succeed in life is the Alabama Partnership for Children (APC). In the year 2000, a collaboration between government officials, service providers, advocates, and business leaders convened to address the extensive needs of Alabama's children. A significant result of these discussions was the acknowledgement of the necessity to enhance service systems, improve coordination, and optimize resources to address these needs. This recognition prompted the establishment of the Alabama Partnership for Children to facilitate more efficient public/private partnerships.

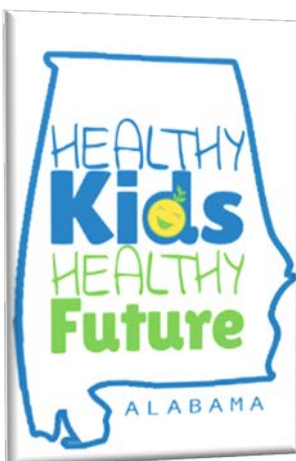
The APC works in partnership with Alabama families and organizations ensuring all children in Alabama (birth to age five) get everything they need to develop to their fullest potential. With the primary emphasis on children aged zero to five, their overarching mission is to prioritize the well-being of Alabama's youngest citizens. The success and well-being of a state, nation, and global community are reliant on the proper nurturing and education of their youth. Studies have shown that the future prosperity of our society hinges on the early development and learning opportunities provided to children from birth to five years old. The Alabama Partnership for Children achieves their mission by fostering awareness and collaborations that will support the optimal growth and development of all children in Alabama.

The APC collaborates with numerous partners to ensure the well-being of Alabama's youngest residents from the start including: The Alabama School Readiness Alliance (ASRA), Alabama Department of Child Abuse and Neglect Prevention, Alabama Department of Early Childhood Education, Alabama Department of Human Resources, Alabama Department of Mental Health, Alabama Department of Public Health, Alabama Department of Rehabilitation Services, Americorps, The Children's Trust Fund, Georgia Department of Public Health, Reach Out and Read Right From The Start, and the W.K. Kellogg Foundation (Every Alabama child will have the opportunity to succeed in life, 2024). These diverse partnerships develop and strengthen systems, forge strategies, and increase public awareness for early childhood programs in Alabama through seven vital program initiatives dedicated to cultivating thriving lives for young children in Alabama.

Additionally, as the main stakeholder in our project, the APC has expressed a desire to see an increase of participation in the Child and Adult Care Food Program (CACFP), a federal childcare meal reimbursement program, in Alabama. This food program serves as a primary initiative for combating childhood obesity in Alabama by providing USDA-approved nutritious meals to children in childcare settings, helping achieve our goal to "Shape Up Alabama! One Bite at a Time."

## Alabama Healthy Kids, Healthy Future

The Alabama Healthy Kids, Healthy Future program is a health promotion initiative dedicated to promoting the health and well-being of children in Alabama from an early age. This program offers trainings, resources, and opportunities to childcare programs in Alabama, with a focus on six key areas:



**Child Nutrition:** Promoting the offering of a diverse selection of nutritious food options to support children's growth and development.

**Physical Activity:** Encouraging physical activity to build confidence, improve motor skills, and enhance physical strength, enabling children to reach important developmental milestones.

**Breastfeeding Friendly Childcare:** Partnering with the ADPH and the Alabama Breastfeeding Committee to provide training, resources, and support for childcare providers to assist breastfeeding mothers and properly handle breast milk.



**Farm to Early Care and Education:** Implementing Farm to Early Care and Education programs to introduce local foods, gardening experiences, and food/farming education in childcare settings across Alabama.

**Outdoor Play & Learning:** Supporting the creation of outdoor learning environments in childcare centers, homes, and pre-K classrooms through professional development opportunities and assistance (Alabama Healthy Kids, Healthy Future, 2024).

One important strategy in addressing childhood obesity in Alabama within the framework of the Alabama Healthy Kids, Healthy Future program is the implementation of the Alabama Farm to Early Care and Education (ECE) initiative. Through this initiative, Healthy Kids, Healthy Future provides a minimum of \$500 in funding for Farm to ECE implementation to programs that successfully complete the Farm to ECE Learning Collaborative. Additionally, programs will receive \$200 in sustainability funds to help sustain their Farm to ECE activities. The Farm to ECE approach emphasizes three central components:

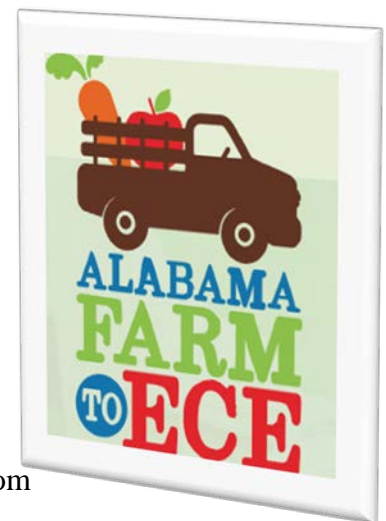
**Procurement:** Locally-sourced foods are procured and provided to children for their meals, snacks, and taste-testing experiences.

**Education:** Children receive instruction on agricultural practices and nutrition.

**Gardening:** Children develop gardening proficiency by actively engaging in the cultivation of their own nutritious food choices (What is farm to school).

## Farm to ECE

Healthy Kids, Healthy Future emphasizes the importance of early care and education programs that focus on local food sources, gardening experiences, and food and farming education within childcare settings. The Centers for Disease Control and Prevention (CDC) has found that Farm to Early Care and Education initiatives effectively encourage increased consumption of fruits and vegetables among children. These programs have the potential to improve children's dietary habits and overall health through a variety of activities, such as gardening, farm visits, and tasting fresh produce from local farms. Moreover, Farm to ECE programs play a vital role in educating children and fostering the development of healthy eating practices (Advancing Farm to early care and education).



Funds from the Child and Adult Care Food Program can be utilized for a variety of purposes beyond reimbursing childcare facilities for meals provided to children. One such use includes covering expenses associated with Farm to ECE initiatives. Farm to ECE initiatives are commonly integrated into various childcare settings such as child daycares, Head Start programs, and preschools. These childcare providers are eligible for reimbursement for expenses related to any of the three fundamental components of their Farm to ECE implementation. Purchases of local foods from farmers, ranchers, farmers markets, and grocery stores offering local options are all eligible for reimbursement through CACFP. The definition of "local" is not standardized at the federal level, allowing State Agencies and Districts to define it in a manner that best suits their specific needs, whether based on proximity in miles, county, state, or regional considerations (US Department of Agriculture, 2022) In the context of Farm to ECE implementation, the Child and Adult Care Food Program can be utilized to cover expenses related to gardening supplies, such as seeds, soil, and tools. However, it is important for childcare providers to accurately document the types and quantities of food produced through their gardening efforts and ensure that these foods are incorporated into their meal offerings. Also, educational activities offered through Farm to ECE initiatives may also be eligible for CACFP reimbursements, helping to offset the costs associated with cultivating foods for taste testing, cooking demonstrations, and other food, nutrition, and agricultural education activities.

Based on feedback gathered from various providers in Alabama, Farm to ECE programs are recognized for being a rewarding experience for their participants, providing valuable educational opportunities, a sense of achievement, and crucially, promoting nutrition, while aligning with our mission to “Shape Up Alabama! One Bite at a Time.”

### **Other Vital APC Programs**

The Alabama Partnership for Children plays a vital role in administering the Alabama Healthy Kids, Healthy Future Program and implementing Farm to Early Care and Education (ECE) initiatives in Alabama to address childhood obesity. Additionally, the APC manages several other programs that also aim to “Shape Up Alabama! One Bite at a Time,” including Alabama Family Central, Alabama Feed Me Words, First 5 Alabama, Help Me Grow, Strengthening Families, and T.E.A.C.H Early Childhood.



The Alabama Family Central program is a comprehensive resource designed to assist families in accessing

childcare, education, family, and health services. It is a collaborative effort between multiple state agencies, including the Departments of Child Abuse and Neglect Prevention, Early Childhood Education, Education, Human Resources, Medicaid, Mental Health, Public Health, Rehabilitation Services/Early Intervention, A+ Education Partnership, and with support from the Office of Information Technology. Alabama Family Central offers access to a wide range of resources to support families in Alabama including:

- Parenting Assistance Line (PAL):** A confidential resource for parents offering free support and guidance services.
- Dolly Parton Imagination Library:** An educational program offering free monthly book deliveries to children from birth to age five.
- Alabama’s Early Intervention System:** Offers support and resources for young children, specifically infants and toddlers, from birth to age three who are experiencing developmental delays or medical conditions that may impact their long-term development.
- 988 Lifeline:** The national three-digit phone number for mental health, substance use, and suicide crises assistance (Alabama Family Central, 2024).



The Alabama Feed Me Words Program recognizes the importance

of promoting language development in children through interactions with the adults in their lives. Our mission is to enhance the language and literacy skills of Alabama’s young children by equipping adults with valuable early language and literacy resources. Pediatricians emphasize the significant role of early reading proficiency in a child’s overall development and future achievements. Alabama Feed Me Words is dedicated to achieving this goal by emphasizing:

- Language-Rich Activities:** Fostering language and cognitive development in children through everyday interactions with adults to facilitate engaging discussions, play activities, shared reading experiences, and musical engagement.

**Language Nutrition™:** Encouraging the concept that nutritious language, much like healthy food, supports the cognitive growth of infants. The program underscores the significance of exposing babies to both a substantial amount and high caliber of language for optimal brain development.

**Early Brain Development:** Emphasizing that brain development commences during pregnancy and persists into adulthood, with the most rapid growth occurring in the early stages of life, particularly within the first three years.

**Dual Language Learning:** Recognizing the increasing presence of children from homes where English is not the primary language, the program seeks to enhance the language abilities of dual language learners (Feed Me Words, 2024).

**The Word Gap:** Addressing the disparity in the quantity of words exposed to children from various socioeconomic statuses and how this disparity can impact their vocabulary development and ultimately influence their academic achievements in the future.

### **Talk With Me Baby:**



The Alabama Partnership for Children is leading an initiative in Alabama to implement the Talk With Me Baby model. This effort focuses on engaging key professionals, such as nurses, WIC nutritionists, and early educators, who interact with new and expectant parents. The aim is to enhance families' understanding of providing "language nutrition" to infants for early brain development. The program empowers parents and caregivers by educating them on the benefits of meaningful conversations with their babies (Feed Me Words, 2024).



The First 5 Alabama program is dedicated to promoting the healthy development of all young children in Alabama up to the age of five. It operates through a network of professionals in the field of infant mental health who are committed to fostering strong attachment relationships between young children and their caregivers. The program aims to achieve this by providing support in the areas of promotion, prevention, and intervention within the early childhood systems of Alabama. The purpose and goals of First 5 Alabama is:

- Supporting the comprehensive development of young children in Alabama by fostering positive social, emotional, cognitive, and physical growth from birth to age five through nurturing relationships.
- Promoting collaboration among professionals from various disciplines to enhance the development of young children and foster positive relationships between caregivers and parents.
- Encouraging the understanding that early childhood is a critical period in the psychosocial development of individuals.
- Advocating the advancement of education, research, and analysis of the impact of cognitive development in early childhood on subsequent social, emotional, behavioral, and psychopathological development.
- Supporting the ongoing education, professional growth, and specialization of a group of professionals regarding the mental health of young children, families, and caregivers.
- Promoting the advancement of evidence-based programs for the care, promotion, intervention, and prevention of mental health issues in young children (First 5 Alabama, 2024).



The Help Me Grow Alabama program is a complimentary information and referral service that links families of children aged from birth to eight years old with health and developmental resources

available in their local communities. Help Me Grow Alabama is supported by funding from the Alabama Department of Early Childhood Education through the Preschool Development Grant, as well as the Department of Human Resources. Individuals in Alabama are encouraged to contact the Help Me Grow hotline at 1-833-939-0336 for support from the program, which centers on four main components:

**Making the Connection:** Handle sensitive phone calls from family members about a child's developmental or behavioral issues, evaluate the child's requirements and options, and connect families with appropriate developmental services.

**Building the Network:** Establish and nurture partnerships with local programs in the community, while also ensuring a current and comprehensive inventory of resources is maintained.

**Educating Providers:** Promote awareness among professionals regarding the significance of developmental surveillance and screening, while also advocating for increased access to developmental services.

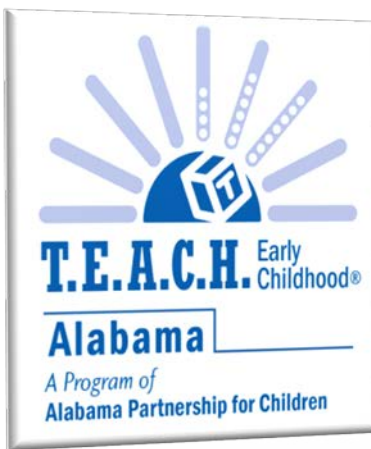
**Identifying Gaps and Barriers:** Conduct thorough data collection and analysis in order to document and identify areas for improvement in connecting families to community resources more effectively (Help Me Grow Alabama, 2024).



The Alabama Strengthening Families program is an evidence-based initiative designed to support family stability, promote optimal child development, and prevent child abuse and neglect. This program is funded through a grant from

the Alabama Department of Child Abuse & Neglect Prevention Children’s Trust Fund and emphasizes five important protective factors:

1. **Parental Resilience:** Empowering parents to address and overcome obstacles.
2. **Social Connections:** Fostering connections that offer emotional assistance and encouragement.
3. **Knowledge of Parenting and Child Development:** Providing guidance on effective parenting techniques and child development.
4. **Concrete Support in Times of Need:** Facilitating access to critical services during challenging circumstances.
5. **Social and Emotional Competence of Children:** Assisting in the cultivation of effective emotional and social skills in children (Strengthening Families, 2024).



T.E.A.C.H. Early Childhood Alabama is a scholarship program designed to support early learning professionals in enhancing their education and advancing their careers. By offering affordable opportunities for continued education, this program aims to increase earning potential and reduce staff turnover in the early childhood education sector. T.E.A.C.H. is a licensed initiative of the Child Care Services Association, supported by funding from the Alabama Department of Human Resources and the Alabama Department of Early Childhood Education.

**T.E.A.C.H. stands for:** Teacher Education and Compensation Helps.

**Purpose:** To support early childhood educators in enhancing their educational qualifications and improving classroom performance, thereby increasing accessibility and affordability of the educational enhancement process.

**Benefits:** The program is focused on improving compensation for educators, raising the quality of early learning programs, fostering professionalism, and decreasing staff turnover.

**Scholarships Offered:** Scholarships are offered to cover 85% of the CDA Assessment Fee, 80% of tuition and books for Associate Degree programs, and 80% of tuition and books for Bachelor’s Degree programs.

**Eligibility:** Professionals in the field of early childhood education and licensed childcare providers interested in advancing their knowledge and skills.

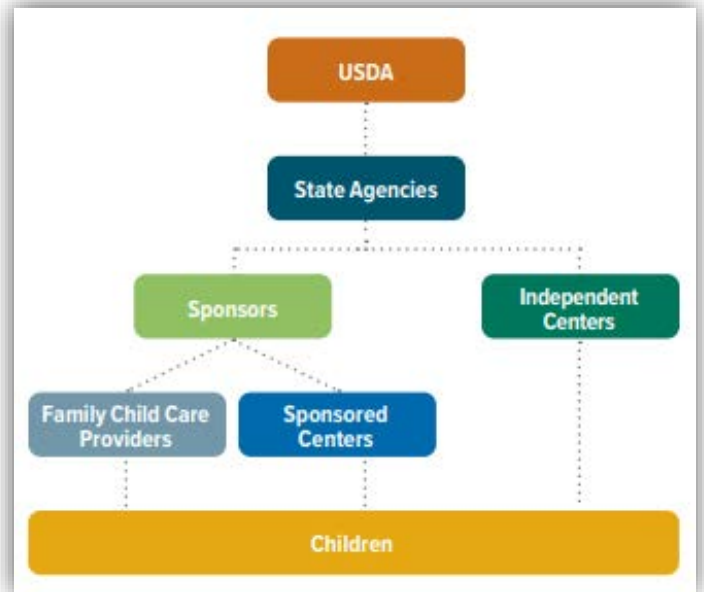
**Support:** T.E.A.C.H. provides individualized counseling and support services to help participants overcome obstacles and achieve their educational objectives (T.E.A.C.H., 2024).

By striving to ensure that all children in Alabama receive the necessary resources for to develop to their fullest protentional, the Alabama Partnership for Children embodies our objective to “Shape Up Alabama! One Bite at a Time.”

## The Child and Adult Care Food Program

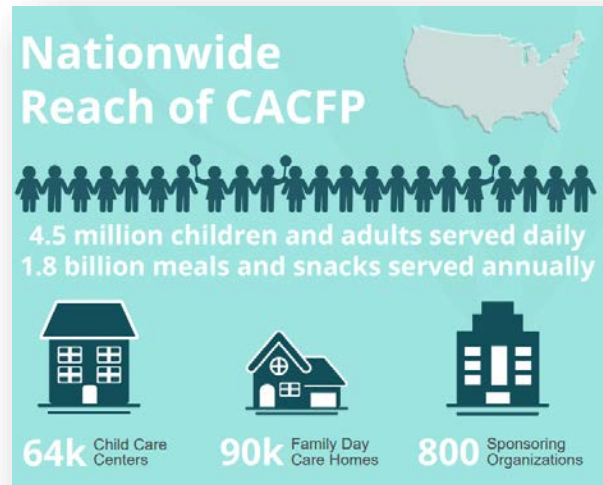
Federal programs are in place to provide healthy meals to children every day with the goal to prevent childhood obesity. One important program being the Child and Adult Care Food Program (CACFP). CACFP is a federal program designed to offer financial reimbursement to participating childcare providers for the serving of nutritious meals and snacks to eligible children enrolled at their facility. The CACFP functions by allocating federal funds to the state agencies responsible for overseeing program administration. Subsequently, these state agencies reimburse childcare providers for the

healthy meals and snacks they offer. Providers are required to adhere to meal patterns and nutritional standards set by the United States Department of Agriculture (USDA), which are based on dietary guidelines promoting consumption of fruits, vegetables, whole grains, lean proteins, and low-fat dairy products. To qualify for reimbursement, providers need to maintain



comprehensive records of their meal menus, meal quantities, and incurred expenses, which must be submitted to their respective state agency for review (FRAC).

The Child and Adult Care Food Program combats childhood obesity by ensuring children in daycare settings are served nutritious meals and snacks. In the year 2022, the CACFP provided reimbursement to Alabama providers for a total of 29.9 million healthy meals that were served to 59.5 thousand participants. On a national level, the CACFP provides reimbursement for 4.5 million meals daily through 150 thousand care centers, enabling children to partake in 1.8 billion nutritious meals annually in accordance with USDA standards while attending childcare facilities (CACFP).



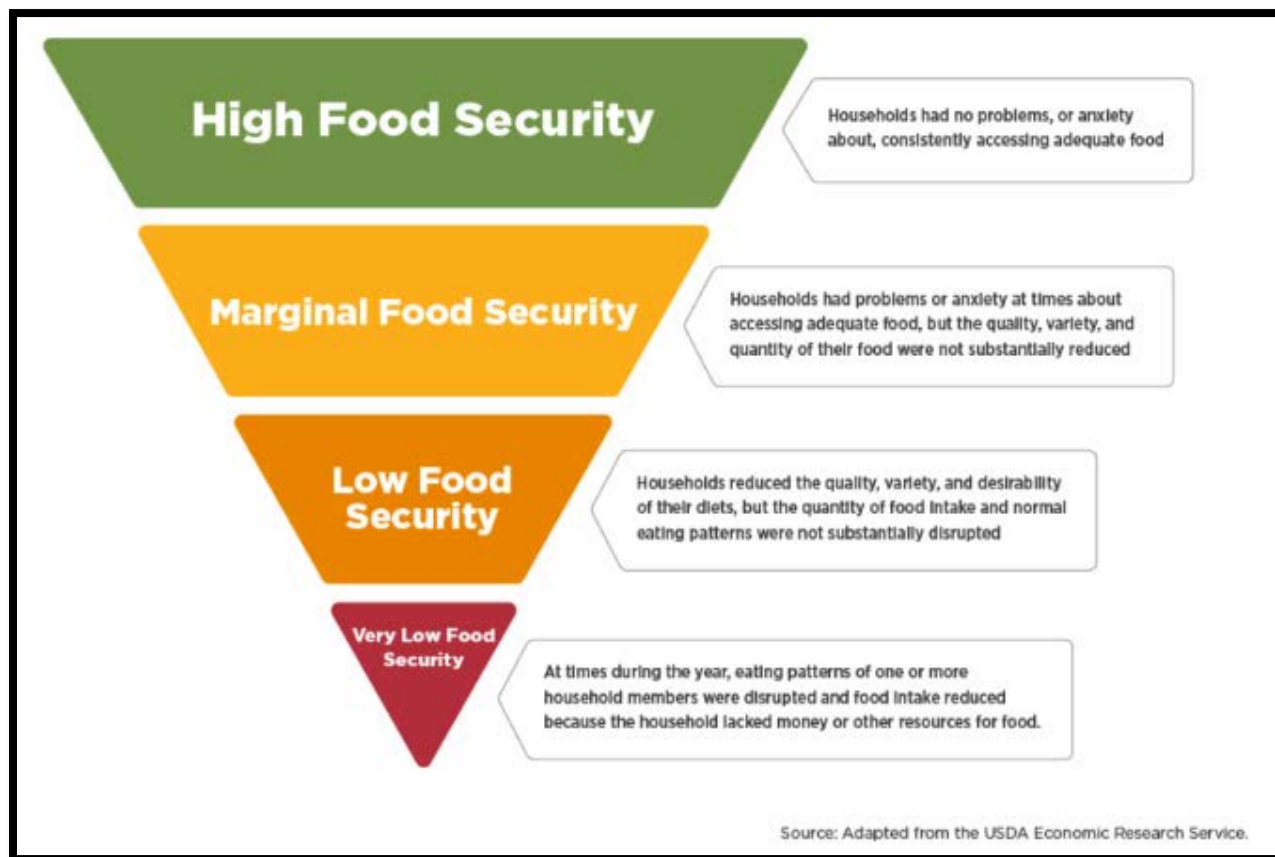
## CACFP: Average Daily Attendance and Meals Served in FY 2022 by State

State/Territory	# Children Served	Total Meals Served
Alabama	59,594	29,960,569
Alaska	5,837	2,531,143
Arkansas	45,080	26,609,781
California	669,415	240,218,631
Colorado	62,009	23,397,489

The CACFP has been shown to excel in combating food insecurity and hunger among low-income families. Food insecurity is characterized by the United States Department of Agriculture (USDA) as "a household-level economic and social state of restricted or uncertain ability to obtain



sufficient food." Based on a report from the United States Department of Agriculture (USDA), research conducted by Colleen Heflin, University of Missouri revealed that 4-year-old children who were enrolled with childcare providers participating in the Child and Adult Care Food Program experienced significantly lower levels of food insecurity compared to those enrolled with providers who did not participate in the program (US Department of Agriculture, 2018). The graph below highlights the types of food security challenges faced by American Households.



Another benefit of the CACFP stems from supporting small businesses and stimulating the local economy. CACFP assists childcare programs in reducing food expenses and maintaining affordable tuition rates for the families they serve. Furthermore, the program generates employment opportunities and income for childcare providers, food service workers, and farmers who supply food for the program.

In the battle against childhood obesity rates the CACFP fosters healthy eating behaviors leading to the prevention of chronic obesity-related illnesses. The program promotes the consumption of milk and vegetables among participants, crucial for bone health and obesity

prevention. Additionally, CACFP provides nutrition education and training to childcare providers and parents, enabling them to make well-informed food choices and cultivate long-term healthy habits (The CACFP's impact across the nation, 2024).

### **Participating in CACFP**

In Alabama, the Child and Adult Care Food Program is administered by the Alabama State Department of Education (ALSDE). The ALSDE supports participating day care facilities through program approvals, reimbursements for claims, nutrition guidance and advice, training and resource materials, program guideline expertise, and on-site program assessments (Alabama Achieves, 2024)

Prior to enrolling in the CACFP program, childcare facilities must receive approval from the Alabama State Department of Education (ALSDE). Eligible facilities include those operated by public institutions, such as public schools, and non-profit organizations with tax exempt status from the Internal Revenue Service (IRS), such as, churches and foundations. Private for-profit facilities may also participate if at least 25% of the children receiving meals qualify for free or reduced-price meals, as determined by Income Eligibility Forms (IEF) kept on file for all participating children. Additionally, private for-profit facilities must be licensed by the Alabama Department of Human Resources (ALDHR), Department of Mental Health (ADMH), the federal government, or certified by an approved governing agency (Alabama Achieves, 2024).



Meal patterns are a crucial aspect of CACFP participation. In order for care facilities to be eligible for reimbursement through CACFP, the meals and snacks served to enrolled children must adhere to minimum quantity standards set by the USDA. These standards encompass milk, vegetables and fruits, grains, and meats and meat alternates for three different age groups: one to two years, three to five years, and six to eighteen years. Failure to include all required components will result in the meal not qualifying for reimbursement. It is important for providers to have access to a user-friendly meal pattern guide to assist them in making informed decisions about the foods to serve each day.

Refer to the example meal pattern guide from New York shown below (CACFP) (Child meal pattern).

## Child Meal Pattern

			REQUIRED MINIMUM QUANTITIES		
	FOOD COMPONENTS	FOOD ITEMS	AGES 1-2	AGES 3-5	AGES 6-18
<b>BREAKFAST</b> <i>All 3 components must be served</i>	<b>Milk</b> <sup>1</sup>	Fat-free or Low-fat (1%) Milk	1/2 cup	3/4 cup	1 cup
	<b>Vegetables/Fruits</b> <sup>2</sup>	Vegetable, Fruit or both or 100% Juice	1/4 cup	1/2 cup	1/2 cup
	<b>Grains/Bread</b> <sup>3,4,5</sup>	Bread, Bread Products, Pasta, Cereal, etc.	1/2 oz. eq.	1/2 oz. eq.	1 oz. eq.
<b>SNACK</b> <i>Select 2 different components of the 5 listed</i>	<b>Milk</b>	Fat-free or Low-fat (1%) Milk	1/2 cup	1/2 cup	1 cup
	<b>Vegetables</b>	Vegetable or 100% Juice	1/2 cup	1/2 cup	3/4 cup
	<b>Fruits</b>	Fruit or 100% Juice	1/2 cup	1/2 cup	3/4 cup
	<b>Grains/Bread</b>	Bread, Bread Products, Pasta, Cereal, etc.	1/2 oz. eq.	1/2 oz. eq.	1 oz. eq.
	<b>Meat/Meat Alternate</b> (see list below)	Lean Meat, Poultry or Fish <i>or</i> Peanut Butter, Soy Nut Butter, other Nut or Seed Butter <i>or</i> Peanuts, Nuts or Seeds <i>or</i> Yogurt	1/2 oz. 1 Tbsp. 1/2 oz. 2 oz.	1/2 oz. 1 Tbsp. 1/2 oz. 2 oz.	1 oz. 2 Tbsp. 1 oz. 4 oz.
<b>LUNCH OR SUPPER</b> <i>All 5 components must be served</i>	<b>Milk</b>	Fat-free or Low-fat (1%) Milk	1/2 cup	3/4 cup	1 cup
	<b>Vegetables</b>	Vegetable or 100% Juice	1/8 cup	1/4 cup	1/2 cup
	<b>Fruits</b> <sup>5</sup>	Fruit or 100% Juice	1/8 cup	1/4 cup	1/4 cup
	<b>Grains/Bread</b>	Bread, Bread Products, Pasta, Cereal, etc.	1/2 oz. eq.	1/2 oz. eq.	1 oz. eq.
	<b>Meat/Meat Alternate</b>	Lean Meat, Poultry or Fish <i>or</i> Tofu <i>or</i> Cheese <i>or</i> Yogurt <i>or</i> Cottage Cheese <i>or</i> Cooked Dry Beans, Peas or Lentils <i>or</i> Egg <i>or</i> Peanut Butter, Soy Nut Butter, other Nut or Seed Butter <i>or</i> Peanuts, Nuts or Seeds	1 oz. 1/4 cup 1 oz. 4 oz. 2 oz. 1/4 cup 1/2 2 Tbsp. 1/2 oz.=50%	1 1/2 oz. 3/8 cup 1 1/2 oz. 6 oz. 3 oz. 3/8 cup 3/4 3 Tbsp. 3/4 oz.=50%	2 oz. 1/2 cup 2 oz. 8 oz. 4 oz. 1/2 cup 1 4 Tbsp. 1 oz.=50%

<sup>1</sup> Whole milk is required for children up to 2 years of age. Unflavored milk is required for children younger than 6 years old.

<sup>2</sup> No more than one serving of 100% juice may be served per day.

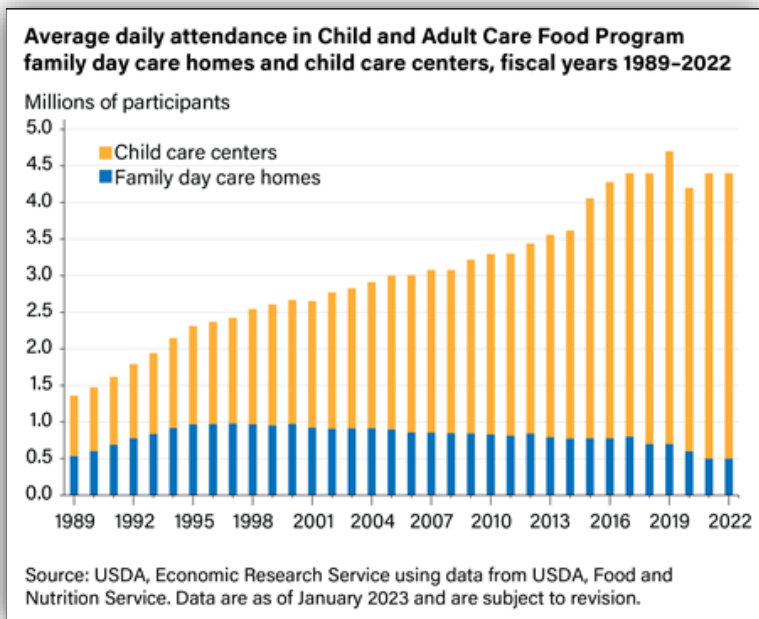
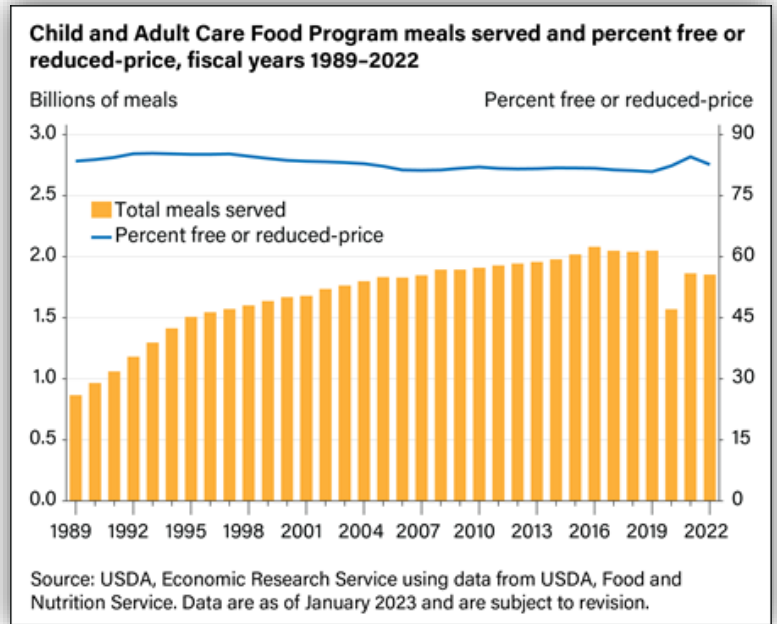
<sup>3</sup> At breakfast, meat/meat alternate may be served in place of the entire grain component up to 3 times per week. When serving meat/meat alternate, use the quantities listed for snack.

<sup>4</sup> At least one serving of whole-grain rich Grains/Bread must be served and recorded on the menu every day.

<sup>5</sup> Ounce Equivalents (oz. eq.) are used to determine the quantity of creditable grains. For more information, refer to *Crediting Foods in CACFP*.

<sup>6</sup> At lunch or supper, one vegetable and one fruit or two different vegetables may be served.

Childcare centers interested in utilizing the Child and Adult Care Food Program are required to have a financial reserve equivalent to three months of non-program operating expenses in order to qualify. This financial stability ensures that the childcare center can continue providing nutritious meals to its participants in the event of any interruptions to CACFP eligibility, such as falling below the minimum requirement of 25% low-income enrollees. However, this requirement creates a significant hurdle for newly opened childcare centers from participating while they achieve profitability. Financial statements from the previous year must be submitted as part of the application process to demonstrate compliance with this requirement (Programs).



Upon approval, childcare providers are then eligible to participate in the Child and Adult Care Food Program. Participating centers are required to maintain accurate records of arrival times, mealtimes, and meal content for each child in their care. These records may be maintained electronically or through manual record-keeping methods. At the end of each month, providers are responsible for submitting their records to the Alabama Department of Education in order to request reimbursement for meals served.

Reimbursement rates are determined by the federal government on an annual basis, and providers are reimbursed based on these established rates.

Reimbursement for meals served at childcare facilities follows a tiered system. Children from low-income families, categorized as either Reduced Price or Free Tiers, receive a higher reimbursement rate per meal compared to children from higher income families, who fall under the Paid tier and receive a lower reimbursement rate. Approximately, 80% of meals are served at free or reduced-price rates, leaving 20% of meals served reimbursed at the lowest tier rate. This tiered reimbursement system also applies to Daycare Homes, with lower income enrollees in Tier 1 receiving a higher reimbursement rate per meal than higher income enrollees in Tier 2. The majority of participation in the Child and Adult Care Food Program takes place in childcare centers compared to family daycare home settings. Shown below is the CACFP reimbursement matrix effective through June 2025 for childcare providers (Child and adult care food program).

<b>CHILD AND ADULT CARE FOOD PROGRAM (CACFP)</b>							
<i>Per Meal Rates in Whole or Fractions of U.S. Dollars</i>							
<i>Effective from July 1, 2024 - June 30, 2025</i>							
<b>CENTERS</b>		<b>BREAKFAST</b>		<b>LUNCH AND SUPPER<sup>1</sup></b>		<b>SUPPLEMENT</b>	
CONTIGUOUS STATES	PAID	0.39		0.42		0.11	
	REDUCED PRICE	2.07		4.03		0.60	
	FREE	2.37		4.43		1.21	
ALASKA	PAID	0.60		0.69		0.18	
	REDUCED PRICE	3.50		6.78		0.98	
	FREE	3.80		7.18		1.97	
GUAM, HAWAII, PUERTO RICO and VIRGIN ISLANDS	PAID	0.49		0.55		0.14	
	REDUCED PRICE	2.76		5.36		0.79	
	FREE	3.06		5.76		1.58	
<b>DAY CARE HOMES</b>		<b>BREAKFAST</b>		<b>LUNCH AND SUPPER</b>		<b>SUPPLEMENT</b>	
		<b>TIER I</b>	<b>TIER II</b>	<b>TIER I</b>	<b>TIER II</b>	<b>TIER I</b>	<b>TIER II</b>
CONTIGUOUS STATES		1.66	0.60	3.15	1.90	0.93	0.26
ALASKA		2.66	0.93	5.10	3.08	1.52	0.42
GUAM, HAWAII, PUERTO RICO and VIRGIN ISLANDS		2.14	0.76	4.09	2.47	1.22	0.33
<b>ADMINISTRATIVE REIMBURSEMENT RATES FOR SPONSORING ORGANIZATIONS OF DAY CARE HOMES</b>				<b>Initial 50</b>	<b>Next 150</b>	<b>Next 800</b>	<b>Each Additional</b>
<i>Per Home/Per Month Rates in U.S. Dollars</i>							
CONTIGUOUS STATES				147	112	87	77
ALASKA				238	181	142	125
GUAM, HAWAII, PUERTO RICO and VIRGIN ISLANDS				191	145	114	100

It is particularly noteworthy that the year-over-year adjustments to reimbursement rates for various meal types included increases as modest as one cent, with the highest adjustment being 18 cents per meal (Child and adult care food program). These adjustments are insufficient to keep up with the current national inflation affecting food prices.

### **Summary of Changes for Contiguous States**

#### Family Child Care Homes

- Breakfast increased 1 cent (Tier I) and 1 cent (Tier II)
- Lunch/Supper increased 3 cents (Tier I) and 2 cents (Tier II)
- Snack did not change (Tier I) and increased 1 cent (Tier II)

#### Centers/Afterschool

- Breakfast increased 9 cents (free and reduced) and 1 cent (paid)
- Lunch/Supper increased 18 cents (free and reduced) and 2 cents (paid)
- Snack increased 4 cents (free), 2 cents (reduced), and 1 cent (paid)

An effective strategy for addressing childhood obesity involves monitoring and improving children's dietary habits during their time away from home. Many children receive two meals daily while attending childcare facilities. By participating in the Child and Adult Care Food Program, these facilities can offer nutritious meals to children and obtain federal reimbursement for their food expenses. Increasing participation in this program across Alabama will help guarantee that more children receive healthy meals during their time in childcare.

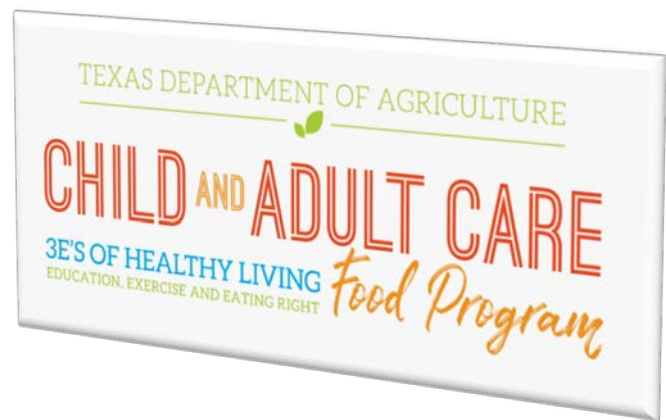
CACFP plays a vital role in ensuring that children in daycare settings are provided with nutritious meals and snacks, contributing to our goal of promoting healthier lifestyles to “Shape Up Alabama! One Bite at a Time.”

## Strategies from Other States to Increase CACFP Participation

To improve participation rates in the Child and Adult Care Food Program among childcare providers in Alabama, it is important to examine the approaches taken by other states in addressing this issue. Through comprehensive research of CACFP implementation and promotion strategies, we have identified several best practices employed by other states within the CACFP framework.

### Texas

The Texas Department of Agriculture (TDA) oversees the administration of the Child and Adult Care Food Program in Texas. The TDA is a main member of the Interagency Obesity Council (IOC), a collaborative effort that also includes the Texas Education Agency (TEA) and the Department of State Health Services (DSHS). Formed in 2007, the IOC was tasked by the Texas Senate to lead initiatives focused on preventing obesity in both children and adults within the state. The 3E's for Healthy Living Initiative was developed because of collaborative efforts of the IOC. The goal of the initiative is to encourage and support a healthy lifestyle for all children in Texas by focusing on Education, Exercise, and Eating right by promoting healthy eating and physical activity to encourage a healthier lifestyle (Child obesity crisis in Texas).



The Food Research and Action Center conducted analysis of CACFP in Texas and identified their best practices. In 2008, the CACFP Committee was established in Texas. The committee's primary purpose was to provide recommendations for adjusting the CACFP meal patterns. With the goal of enhancing the dietary habits of children, families, and caregivers involved in CACFP, the committee developed a set of nutritional suggestions for childcare centers in Texas. These standards aim to encourage increased consumption of fruits, vegetables, low-fat dairy products, and whole grains while reducing the intake of fat, saturated and trans fats.

Additionally, the TDA developed a sample six-week cycle menu to assist childcare providers in implementing these recommendations effectively (CACFP Best Practice Case Study).

Furthermore, in 2010, the TDA partnered with AgriLife Extension Service to provide complimentary in person training sessions on menu planning and promoting healthy snacks. Leveraging AgriLife's extensive network of Extension agents across various counties in Texas, these training sessions are more readily available to providers statewide compared to if they were solely conducted by the smaller the Texas Department of Agriculture's CACFP Division. The effectiveness of this approach is significantly enhanced by the "train-the-trainer" model utilized. Staff members from the sponsoring organizations participate in training sessions, enabling them to then disseminate the knowledge and skills acquired to staff at sponsored centers and family day care homes with the participation of an estimated 9,000 Texas family day care providers participating in the CACFP, this approach is essential to children in Texas who benefit from CACFP receive care from qualified and trained professionals (CACFP Best Practice Case Study).

Finally, the Texas Department of Agriculture (TDA) offers a comprehensive and user-friendly website that provides childcare centers with the necessary tools and resources for online training, compliance guides, and the latest updates regarding the Child and Adult Care Food Program.

## Colorado

Colorado has also been identified by the Food Research and Action Center for demonstrating model CACFP practices. In Colorado, health and wellness within the Child and Adult Care Food Program is addressed as part of a broader state initiative known as The Colorado Physical Activity and Nutrition Coalition (CPANC). This coalition involves collaborations and partnerships with government agencies, public health organizations, and private entities across the state with





the goal of preventing obesity and promoting healthy lifestyles. The coalition includes the Nutrition Services Division of the Colorado Health Department and their administration of CACFP. Through this partnership, CPANC has developed an Early Childhood Resource Kit and the Child Care Champions Best Practices book. Additionally, they have provided mini-grants to childcare providers to enhance physical activity and the nutritional environment (CACFP Best Practice Case Study).

Additionally, Colorado utilizes an online self-assessment tool for childcare providers. This tool generates a detailed assessment report and recommends tailored resources based on the results. This process helps to establish a high-quality environment for the health and well-being of children in childcare settings, following seven best practices:

- Demonstrate and encourage healthy eating habits.
- Incorporate nutrition and physical activity into all aspects of the curriculum.
- Implement the "Division of Responsibility" approach to feeding, created by Ellyn Satter (Clearinghouse for Military Family Readiness at Penn State, 2022).
- Support optimal infant feeding practices, including breastfeeding and appropriate first foods.
- Collaborate with caregivers and parents to promote healthy habits.
- Utilize the environment to encourage physical activity and play.
- Design menus that support children's nutritional needs and holistic development.

Finally, Colorado allocated funds from the state tobacco tax to provide mini-grants to childcare providers. These grants, with a maximum amount of \$2,000, aided in the implementation of nutritional and physical activity education, events, and programs within day care centers. The funding provided enabled the creation of educational curricula, purchase of physical education equipment, implementation of garden projects, and cooking classes (CACFP Best Practice Case Study). One example of an educational program is Colorado's "Harvest of the Month," a monthly online resource that offers educational information on a variety of fruits and vegetables (Farm to child). This program teaches



children about the origins of different food items and how they are grown. Additionally, it provides childcare providers with a recipe utilizing the featured fruit or vegetable that can be prepared for the children under their supervision and reimbursed for by the CACFP. Colorado's Department of Public Health also highlights success stories of providers who participate on a dedication YouTube channel. Recipient centers were required to perform evaluations to demonstrate the success and efficiency of their programs after receiving the grant (YouTube).

## California



California has made substantial progress in simplifying the administrative procedures associated with CACFP applications. The California Department of Social Services (CDSS) implemented a user-friendly online system to streamline paperwork and reduce administrative tasks, making the enrollment process more efficient for childcare providers. By implementing the use of QR Codes the CDSS website has streamlined access to CACFP information. Additionally, the Childcare Access Program offers personalized coaching to support providers in navigating the CACFP application process, aiding them in gathering required documentation, addressing inquiries, and offering detailed guidance. Furthermore, California permits electronic submissions for income eligibility applications and other compulsory paperwork, significantly alleviating the paperwork demands on providers (CACFP)

In terms of promotional strategies, California has developed multilingual outreach materials to engage a broader audience of home-based childcare providers, many of whom cater to immigrant communities. These materials are distributed at various events, such as provider training sessions, to inform and attract new childcare programs (CACFP).

Recognizing the diverse cultural backgrounds and dietary preferences of the populations served by the CACFP, California offers culturally relevant nutrition education and resources to childcare providers. This initiative assists in creating nutritious and enticing meals that meet federal requirements and introduces new foods that children from various backgrounds will enjoy (CACFP) (Multicultural Child Care Recipes).

Recruitment efforts in California also emphasize the financial advantages of meal reimbursements and complimentary training opportunities provided through CACFP. For instance, a childcare center with 25 eligible participants for free meals could receive approximately \$46,000 per year in reimbursement. Furthermore, CACFP participation is promoted as a sign of a high-quality childcare program, assisting providers in marketing their services to parents seeking superior care (CACFP Fiscal).

Collaboration among different agencies is an essential strategy for California's CACFP program. The state works closely with licensing agencies to ensure that newly licensed programs are knowledgeable about the opportunities and requirements of CACFP. This partnership includes sharing information on newly licensed programs with the CDSS to improve targeted outreach efforts. Furthermore, there are ongoing efforts to increase the number of sponsoring organizations that can offer administrative support to CACFP participants. These sponsors provide technical assistance, training, and administrative assistance to simplify the process for providers to join and adhere to CACFP regulations. Funding and resources are allocated to sponsoring organizations to strengthen their capacity for outreach and support to childcare providers (CDSS Programs).

Furthermore, California actively partners with advocacy groups and community organizations to support the CACFP. These organizations play a crucial role in distributing information and offering support to childcare providers and families. The state has also formed advisory committees with members from various sectors including childcare providers and administrative sponsors. These committees meet on a consistent basis to collect input and improve the implementation of the program (State Agency Perspectives on administering the CACFP).

By integrating these strategies, California has placed an emphasis on increasing participation in the CACFP to enhance the nutritional quality of meals served in childcare settings and contribute to the prevention of childhood obesity.

## **Pennsylvania**

The Commonwealth of Pennsylvania’s Department of Public Health has implemented a strategic initiative to increase awareness and participation in the Child and Adult Care Food Program (CACFP) through the use of Story Maps. Story Maps offer a detailed overview about the access to childcare programs within states. By integrating information regarding the locations of childcare providers, CACFP participation rates, the identification of food deserts, family poverty levels, and other pertinent data, this initiative allows for the visualization of CACFP service gaps, opportunities for refining outreach strategies, and engaging key stakeholders.



The analysis conducted through the Story Maps revealed a significant issue: participation in the Child and Adult Care Food Program below 50% among providers in nearly all of Pennsylvania's counties. In response to these low participation rates and to raise awareness about the CACFP, the Department of Public Health regularly shared the insights garnered from the Story Maps via its social media channels and website. Additionally, Story Maps are being utilized to strategically allocate state resources to areas where their impact on participation in the program can be maximized (Diane Girouard, A.C.).

## **Recommendations**

Based on the findings from interviews and research carried out by the Preventing Childhood Obesity in Alabama team, we propose the following important recommendations to enhance participation in the Child and Adult Care Food Program in Alabama. These recommendations focus on policy enhancements, partnership development, promotional strategies, and procedural improvements all with the intention to achieve our mission to “Shape Up Alabama! One Bite at a Time.”

## **Training**

Texas has shown success in offering high-quality in person training for childcare providers. By implementing extension officer training methods, providers can overcome obstacles that prevent them from participation in CACFP due to challenges from self-service web-based training methods. Interviews with several subject matter experts have indicated that the training processes

in Alabama are not sufficiently user-friendly and have limited available options, specifically among less tech savvy providers. They also suggest that providing more access to alternative training methods would be advantageous. At this time, Alabama exclusively recognizes training conducted by its authorized training partner, CORE. The National CACFP Sponsors Organization provides accredited CACFP training modules to its members. We recommend that the Alabama Department of Education approve the National CACFP Sponsors Organization's training program for childcare providers in Alabama, allowing them access to this respected training resource.

### **Website Enhancements**

During our interview with providers, concerns were raised regarding the usability of the State of Alabama's CACFP website. We recommend that Alabama Department of Education implement best practices observed in California, such as utilizing QR Codes to streamline access to documents and forms providers are required to submit to participate in CACFP. Also, ensuring all webpage links are operational, as our research identified broken web pages which currently prevents accessing necessary forms and information. Finally, providing additional language options for non-English speaking providers.

### **Tobacco Tax Grants**

Colorado successfully implemented an increase of their state tobacco tax rate, utilizing the additional revenue to support Farm to ECE grants for childcare providers. In contrast, Alabama has one of the lowest tobacco tax rates in the United States, which has not been increased in the past decade. We recommend the Alabama State Legislature raise the tobacco tax in Alabama or reallocate a portion of the existing tobacco tax revenue, and designate the additional revenue generated toward supporting Farm to ECE initiatives offered by childcare providers in Alabama. Through this action the state can address unhealthy smoking behaviors among citizens while also increasing funding for childcare centers' Farm to ECE initiatives. Collaboration with The Alabama Partnership for Children to allocate these funds through their existing grant distribution network could meaningfully expand Farm to ECE in Alabama, a significant component of the CACFP.

### **Rate of Reimbursement**

One of the primary challenges noted by participating centers during our interviews regarding participation in the CACFP was the lack of an adequate rate of reimbursement per meal.

Due to higher than anticipated inflation in the United States, the annual adjustments to reimbursement rates, as little as one cent per meal, are insufficient for providers to effectively manage the increasing costs of food. Additionally, concerns were raised about the fairness of the tiered reimbursement system, particularly in how it impacts meals for children from higher income families. We recommend that the United States Department of Agriculture reimburse all children's meals at the maximum allowable rate, as was implemented during the COVID pandemic. We also recommend the USDA's annual adjustment to reimbursement rates be tied to the national inflation rate.

## **Advertising Campaigns**

There is also a noticeable lack of awareness of the Child and Adult Care Food Program among childcare providers in Alabama, which has resulted in limited participation. The Alabama Department of Education can enhance their outreach efforts to ensure more childcare providers are informed about the program and the advantages of participating. Utilizing Pennsylvania's strategy of employing Story Maps to pinpoint regions in Alabama with low CACFP participation, we recommend that the Alabama Department of Education engage in targeted advertising efforts without delay. This can be achieved through various advertising channels such as social media, billboards, and radio commercials in collaboration with the Alabama Department of Finance's advertising partner, Break For A Plate.

We also recommend that The Alabama Partnership for Children enhance visibility for the Child and Adult Care Food Program through the organization of a 5K run awareness event. Building upon the success of their existing Strolling Thunder annual event, the 5K run has the potential to raise funds, distribute promotional materials and program resources, all while encouraging participation in a healthy activity for residents of Alabama.

## **Collaboration for Recipes**

The lack of available recipes that align with the USDA meal pattern requirements poses a significant challenge to participation in the CACFP. Many childcare centers face financial constraints that make it difficult to employ dedicated chefs with formal culinary training to ensure compliance with meal pattern requirements or to be able to create meals that children will enjoy.

Dr. Harris of Costal Pediatrics of Alabama is collaborating with local chefs in Alabama to develop a children's cookbook featuring nutritious meal options.

The Alabama Partnership for Children excels in building partnerships that bring awareness to and benefit the needs of children in Alabama. Therefore, we recommend that the Alabama Partnership for children collaborate with local chefs in Alabama to create healthy recipes that meet USDA requirements for reimbursement, which can then be compiled and shared on the APC's website for the convenience of childcare providers. Additionally, we recommend that the USDA reinstate reimbursements for chef salaries through the CACFP, these essential positions provide valuable support to childcare providers with limited staffing and resources. This measure can help alleviate the responsibilities of center directors by enabling them to hire specialized food preparers.

### **Requirement Waiver for Newly Opened Childcare Centers**

Based on the research conducted, it was found that one of the main obstacles to participation is the three-month financial viability requirement. Although this requirement serves as an important safety net for childcare providers in case their reimbursement claims are denied, it poses a challenge for newly established childcare centers to save and maintain a three-month operating budget, delaying when they can begin CACFP participation.

To address this issue, we recommend that the USDA implement a waiver period of up to nine months for newly established childcare centers from this financial viability requirement. This adjustment will alleviate initial financial burdens and expedite the profitability of childcare centers. Moreover, it will enable them to participate in the Child and Adult Care Food Program, ensuring that the children in their care have access to nutritious meals sooner.

### **Conclusion**

Ensuring a healthy and enriching childhood for children in Alabama is crucial for the future of our state. We have identified the challenges associated with poor childhood health in Alabama, both in terms of long-term physical well-being and financial impact. The importance of programs like the Child and Adult Care Food Program, as well as child advocacy organizations like The Alabama Partnership for Children, cannot be understated in ensuring that our children have the opportunity to thrive and develop into healthy adults.

Our team has provided evidence-based recommendations on how the state of Alabama can increase participation in the Child and Adult Care Food Program, focusing on policy enhancements, building partnerships, implementing effective promotional strategies, and making procedural improvements. It is our shared responsibility to prioritize the needs of children, as they are the future of our state. We hereby call on you to help us in our mission to “Shape Up Alabama! One Bite at a Time!”



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