

IOM CACFP Meal Recommendations - CACFP-National Professional Association Top Concerns & Items Supported
4/4/12

TOP CONCERNS

IOM RECOMMENDATION	CACFP NPA POSITION	CHALLENGES
<p>1. Weekly meal planning will help providers achieve the specified variety and adopt efficient new shopping patterns and control costs</p>	<p>Not against the concept, but the different fruit/vegetable requirements (color, non-starchy vegetables, etc.) will be difficult for sponsoring organizations and state agencies to implement, monitor, train, and enforce, particularly for day care home providers.</p> <p>Meal pattern and resources must be easy to understand and implement, especially for home providers.</p>	<p>Some states currently require weekly menu planning based on daily meal pattern, but the detailed recommended requirements will make implementation and monitoring extremely difficult.</p> <p>If a program is not 5 days a week, what could be eliminated and not create a finding during a review?</p>
<p>2. Programs should have the option to serve one enhanced snack in lieu of two snacks</p>	<p>Many centers offer breakfast, lunch and pm snack. Requiring 2 snacks would require 4th meal reimbursement.</p> <p>Not needed if serving afterschool meal.</p> <p>Not necessary for older adult population.</p> <p>Increase portion sizes and reimbursement for 14-18 year olds or just focus on more nutritious snacks rather than larger snacks.</p>	<p>Adding a new meal type will require a significant investment in training and technical assistance by USDA, SAs, and SOs as well as a change to claim payment systems in each state and a major cost to SAs.</p> <p>Additional reimbursement is not currently available for 4th meal or enhanced snack.</p> <p>Assuming that the enhanced snack only applies to programs serving 2 snacks in CC or ADC settings.</p> <p>Very confusing. Unsure if a center chose to serve an enhanced snack instead of 2 snacks could they serve only one meal plus the enhanced snack. A center could have some children eat if 2 meals and a snack and other eating one meal and 1 enhanced snack.</p>

<p>3. Reduce the number of age groups for infants to two (birth – 5 months and 6 - 11 months)</p>	<p>The meal pattern for one year olds should provide more details on the transition to solid foods.</p> <p>Suggested age groups: 0 – 5 months 6 – 11 months 12 months – 23 months</p>	
<p>4. Adjust portion sizes by age: 1 year 2-4 year 5-13 year 14-18 year Adults</p>	<p>The needs of the 5 year old would seem to vary from that of the 13 year old. Child care centers can only serve through age 12. Adjust age groups to: 2-5 year olds 6-12 year olds 13-18 year olds</p> <p>1 year olds have more specialized needs than children 2 years of age and older.</p>	<p>Either way the ages are defined, it makes meal service more complicated.</p>
<p>5. Separate recommendations for fruits and vegetables; requires one serving fruit/ 2 servings vegetables @ lunch/ supper meal.</p> <p>Add weekly requirements for meals: Dark green vevs 2x/week Orange vevs 2x/week Legumes 1x/week Starchy vevs < or = 2x/week Other vevs 3+x/week</p>	<p>Suggest 1 fruit and 1 vegetable lunch/supper.</p> <p>Suggest 1 serving of vitamin C rich/day, 3+ servings of vitamin A rich/week and 1 serving of legumes per week.</p> <p>Encourage following vegetable subgroups, but do not require them for a reimbursable meal.</p> <p>Request additional guidance on how to introduce new foods to children and how to help adults overcome food phobias so they can prepare the required variety. How to incorporate more variety of fresh fruits and vegetables.</p>	<p>The definitions of starchy legumes and orange vegetables may not be intuitive. The subgroups of vegetables will significantly increase recordkeeping and will be a challenge for SO to train, the sites to implement, and more SOs and SAs time to monitor.</p> <p>No assurance that each child will receive vitamin A and C sources since children participate in different meals at different shifts.</p> <p>IOM recommendations are not cost neutral – weekly requirements for vegetables may actually decrease variety – i.e. serving broccoli and carrots often.</p> <p>Availability of required fruits and vegetables may be a problem in some areas of the country.</p>

<p>6. New breakfast meat requirement: Serve meat/meat alternate 3+ times/week</p>	<p>Insufficient variety of lean, low sodium meat/meat alternates to offer.</p> <p>It is expensive to implement. Some facilities have limited capabilities to prepare meats.</p> <p>Instead, require whole grains at breakfast to increase fiber and satiety.</p> <p>Protein may help with alertness, blood sugar control, and possibly weight management.</p>	<p>This will be a challenge for the sites to implement especially for programs that may offer “cold” breakfasts.</p> <p>It will pose a significant challenge to SAs and SOs to monitor and ensure that the choices are lean and not high in sodium</p> <p>Not cost neutral</p> <p>Guidance and definitions are needed to identify low fat, low sodium meat/meat alternates.</p>
<p>7. 50% of grains must be whole grain-rich (50%= whole grains)</p>	<p>Eliminate the “whole grain-rich” requirement - too confusing.</p> <p>Suggest that 50% of the grains served/week are “whole grains”.</p> <p>Keep it simple by using a list of common whole grains to meet requirements.</p> <p>Consider requiring all breads and cereals to be whole grain.</p>	<p>Whole grain-rich is complicated. Product labels are unclear and mislabeled.</p> <p>Additional time is needed to monitor and train particularly due to high program staff/administrative turnover.</p>
<p>8. Greatly increased food cost (about 30% more for infants, 44% more for preschool children, nearly 30% more for ages 5- adult)</p>	<p>While additional reimbursement is needed to address the additional food costs, it is particularly important for adults and older children whose meal requirements include greater amounts of food.</p> <p>Reimbursement is currently half of what is needed to cover the costs for adult day care.</p> <p>An enhanced reimbursement would be</p>	<p>Participation may be adversely affected due to more costs associated with the meal patterns and no increase in reimbursement.</p> <p>Availability of required foods is also an issue.</p> <p>Any variations to reimbursement for different ages or populations will be a more expense for SA to revise claiming systems.</p> <p>It takes a lot of time to document and monitor who provided meal components.</p>

	<p>better served for the adult component rather than for an enhanced snack which would be too difficult to implement and monitor.</p> <p>Meals served to all infants and children up to age 2 should be reimbursed regardless of who provides the food.</p>	<p>More reimbursement does not always ensure better nutritious meals. Some SA needs more money for ongoing training and resources. Improved meals may be achieved through better awareness and how to make better purchase choices.</p>
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ITEMS SUPPORTED

IOM RECOMMENDATION	CACFP NPA POSITION	CHALLENGES
1. Limit 100% juice to 1x/day for 2 years of age and older	<p>Great recommendation.</p> <p>Add a cost neutral requirement that juice must be served from a cup, not a bottle as recommended in Infant Feeding Guide.</p>	<p>Not cost neutral</p> <p>Easily implemented</p> <p>Evidence based</p>
2. High fat/sugar grains limited to once per week	<p>Keep it simple by using a list of items to meet a definition of low fat/low sugar. A USDA regional office identified sweet grains as any items in the grain bread chart with a footnote of 3 or 4.</p> <p>Restrict cereal to 6 grams of sugar/serving to be consistent with WIC.</p>	<p>There is no clear definition.</p> <p>Additional label reading guidance is needed for participants.</p>
3. Low fat or fat free milk and yogurt for 2+ years of age	<p>Like the recommendation.</p>	<p>Easily implemented. Evidence based. Cost neutral.</p> <p>Not all yogurts equal the calcium content of 1 cup of milk.</p> <p>Need guidelines for yogurt since the calcium content of the yogurts range from 240-400 mg.</p> <p>Yogurt also does not have the same protein content as meat when served as a meat alternate. Need definition (fat free/ low fat/ no added/ limited sugar, minimum % calcium, etc.</p>

OTHER COMMENTS FROM MEMBERS:

Require fish once a week to coincide with DGAs.

Effective implementation of the final recommendations is a concern. One massive training is difficult for small states, especially when there is limited SA staff to train, implement and monitor compliance of all institutions. Earmark money for SA nutrition education training.

Flavored low fat milk should be allowed.

Snack is too prescriptive and needs more flexibility. Suggest each of the 5 components must be served at least once a week and encourage low fat/low sodium/ A & C list items. Also suggest severely limiting fruit juice and crackers – served too frequently.

Snack pattern is too restrictive and does not promote variety. Recommend one orange and one dark green, leafy vegetable per week with no restriction on when it is served. Restricting high fat, low sugar grains will boost the quality of snacks.

Support breastfeeding through

- Reimbursement for all meals including mother coming to center to breast feed.
- Need additional resources to encourage breastfeeding – consider something similar to Healthier School Challenge.

Consider reducing requirement to once or twice a week. Need more guidance regarding criteria to use to serve low fat, low sodium meats and meat alternates at breakfast (e.g. bean and cheese breakfast burrito.)