

Perspectives of Home-Based Child Care Providers in New Mexico on Barriers and Facilitators to Participating in the Child and Adult Care Food Program, 2021–2022

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This study examined New Mexico home-based child care provider perspectives (n = 75) on barriers to and facilitators of Child and Adult Care Food Program (CACFP) participation. Two thirds of the sample were Spanish speakers. Providers reported that CACFP reimbursement does not cover actual food costs and the time-and-effort costs of obtaining qualifying foods and completing required documentation. They noted that additional reimbursed meals are needed for children in care for extended hours and that linguistically competent CACFP sponsor staff facilitated their participation. (*Am J Public Health*. 2023;113(S3):S215–S219. <https://doi.org/10.2105/AJPH.2023.307402>)

The Child and Adult Care Food Program (CACFP), a federal program that reimburses care providers for serving nutritious meals and snacks to those in their care, is designed to address food insecurity and promote healthy eating behaviors.¹ CACFP is underused by home-based care providers, with their enrollment in the program declining by about 50% nationwide from 1996 to 2018.² This has important health equity implications, as home-based care is used at higher rates by families with noted systems-driven health disparities, including Hispanic and Black families, rural families, low-income families, and parents with lower educational attainment.^{3–5}

STUDY OBJECTIVE

The objective of this qualitative study was to understand home-based child care

provider perspectives on barriers to and facilitators of CACFP participation or reasons for CACFP nonparticipation.

RESEARCH QUESTIONS

This study was designed to answer two questions: (1) What barriers, if any, prevent home-based child care providers from participating in CACFP? (2) What types of CACFP supports are, or would be, helpful to home-based child care providers?

PARTICIPANTS, SAMPLE, GEOGRAPHIC LOCATION, SETTING, AND YEAR OF STUDY

We conducted this study in New Mexico, which has high rates of childhood food insecurity, from March 2021

to April 2022. Seventy-five home-based care providers, all women, provided verbal consent to participate in interviews or focus groups. Most participants (77%; n = 58) were enrolled in CACFP. Of these, 27 (47%) lived in New Mexico's largest city, with another 18 (31%) from US–Mexico border areas (urban and rural) and 13 (22%) from rural areas outside those regions. We designed geographic sampling across these regions to maximize variety within the sample, and especially to capture perspectives from varied linguistic and cultural contexts and from both urban and rural environments. Among CACFP users, 33 (57%) reported Spanish as their preferred language. These participants included both licensed and “registered” home providers, a designation that in New Mexico means they are not required to have a license but are

regulated by the state. Registered providers can care for up to four nonresident children and are subject to home safety inspections and background check requirements.⁶ Registered providers in New Mexico are required to participate in CACFP in most cases⁶—a provision that is unusual among states.⁷ The remaining 17 participants were Spanish-speaking, informal care providers not enrolled in CACFP, all recruited from the same midsized city in New Mexico. Because New Mexico requires most registered providers to participate in CACFP, inclusion of providers who are entirely disconnected from state care regulatory systems—and therefore ineligible for CACFP—is essential to understanding awareness and access barriers among providers not currently enrolled. This has potential nationwide implications, as disconnection from state regulatory systems is linked to the nationwide decline in CACFP participation by home-based providers.^{2,8,9} Additional sample details are available in Table A (available as a supplement to the online version of this article at <http://www.ajph.org>).

METHODS

A total of 33 interviews and 11 focus groups with up to six participants were conducted and audio recorded by three trained bilingual researchers (2 Authors [D. C. and Y. C.] along with Andrea Duarte Madrazo) via phone or videoconference in either English or Spanish, based on participant preferences. CACFP users were asked about their experiences with CACFP enrollment, administrative requirements, and meal planning. Non-CACFP providers, who participated separately with the exception of one mixed focus group, were asked about their knowledge of the program, perceptions of its

potential barriers and benefits, and what could support their future participation. Question guides are available as supplements to the online version of this article at <http://www.ajph.org>. Each participant received a \$20 gift card.

Interviews and focus groups were professionally transcribed by a commercial transcription service. Spanish sessions were professionally translated into English for analysis. We coded transcripts of interview and focus group recordings using NVivo version R1.6 (Lumivero, Denver, CO) and analyzed them using an inductive approach that allowed identification of emergent themes during coding and followed six analytic steps.¹⁰ Intercoder reliability was assessed by NVivo at 85%.

KEY FINDINGS

Providers reported that the reimbursement they received through CACFP did not cover their costs, both in terms of their actual food costs and the time- and effort costs of obtaining and purchasing qualifying foods and completing required documentation. In addition, home-based providers in the sample often provided care during extended, nontraditional hours. Because CACFP will cover only two main meals per day, providers were not reimbursed if they served the same child breakfast, lunch, and dinner while in their care. Providers reported providing additional food at their own expense to ensure children were not hungry.

Our study also identified barriers experienced particularly by Spanish-speaking providers. These providers reported varying levels of support, often conditioned by whether they were enrolled through a CACFP sponsor who spoke Spanish. Sponsoring organizations in New Mexico are generally nonprofits

that provide federally required nutrition training and technical support to providers, while also monitoring their compliance with CACFP requirements. Providers who had strong relationships with sponsors who spoke their language said this eased initial enrollment barriers and supported clear ongoing communications about menu documentation, qualifying foods, and meal reimbursement. The opposite was true when communication was poor or complicated by a lack of shared language fluency. Quotations illustrating these themes are shown in [Box 1](#).

Most informal home-based providers who did not participate in CACFP reported no or limited knowledge of the program, despite all being connected with a community agency that provides child care providers with supports and resources. When the program was described to them (the scripted description is included in the online question guides), informal providers expressed interest in learning more about the program and receiving training about planning and serving nutritious meals. However, they had concerns about being able to meet state child care provider registration requirements to qualify for the program, particularly regarding whether their residence (e.g., apartment, mobile home) would meet safety requirements. Quotations illustrating these themes are shown in [Box 2](#).

EVALUATION, TRANSFERABILITY, AND ADVERSE EFFECTS

Participation burdens identified in this study affirm findings from related studies in other US states, which also noted that CACFP reimbursements fall short of food costs¹¹ and that paperwork and reporting burdens affect CACFP uptake.^{1,8,12} A strength of this study is that

BOX 1— Home-Based CACFP Users’ Selected Challenges of Program Participation: New Mexico, March 2021–April 2022

Barriers	Illustrative Quotations
Spanish language access	<p>“I had some [CACFP paperwork] in English, and just now I’ve received some new ones, and she sent them in Spanish . . . some things are still in English, but since I’ve been doing this for [so] long, I know them more or less, you see?” (CU 20)</p> <p>“I’d like to work with someone in my language, instead of being translated, I should be talking directly, because sometimes I send [my sponsor] a text in Spanish and someone changes it to English and sometimes it’s not the same, and we both get confused, and she has to call my daughter on the phone, or send everything to my daughter so she can explain it to me, and I would like them to have someone who spoke Spanish.” (CU 15)</p>
Inadequate reimbursement	<p>“I think that perhaps the payments for the food are a little low. In the three years I’ve done it, it’s the same amount of food, it [reimbursement] hasn’t gone up a little. Though as you know, overall groceries have gone up quite a bit. When things got bad with the pandemic, the meat went up—everything became a little more expensive.” (CU 7)</p> <p>“I’d like them to include at least the afternoon snack and dinner, for those children who spend all day here. Can you imagine if we would say, ‘Oh, no, we can only provide you with lunch’ [laughs]. The poor kid is asking for food!” (CU 13)</p>

Note. CACFP = Child and Adult Care Food Program; CU = CACFP user.

it lifts perspectives from predominantly Spanish-speaking child care providers operating in a context with a high prevalence of child food insecurity. The importance of serving additional meals to children in long hours of care who may not receive adequate food in home environments, and the facilitating role of shared language fluency between child care providers and CACFP sponsoring organization staff, emerged as key themes. This study also importantly included input from informal (i.e., unregulated) child care providers, who are generally absent from existing studies. They expressed interest in program components, but they perceived the steps required to become approved by

the state—and therefore eligible for CACFP—to be a barrier.

Findings from one state may not transfer fully to other contexts. However, some CACFP participation barriers noted in this study are consistent with those observed in studies conducted in other states. Reimbursement issues may have been particularly salient to providers because the study was conducted during the pandemic, which led to higher food prices and a scarcity of some qualifying food items, but these issues have been noted in other studies conducted outside of the pandemic context as well.¹³ Barriers and facilitators more uniquely identified in this study are likely to translate to other US

contexts, and especially to contexts with child care providers who speak languages other than English or care for children whose parents work extended or nontraditional hours.

SCALABILITY

Larger, multistate studies with similar designs to those used in this study could further explore perspectives from Spanish-speaking, rural, and informal home-based child care providers. This would help to better inform policies and practices that could engage these populations with CACFP and reverse declining participation nationwide. However, unregistered, informal

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BOX 2— Key Themes From Home-Based CACFP Nonusers: New Mexico, March 2021–April 2022

Key Themes	Illustrative Quotations
Interest in nutrition education	<p>“I might be doing something wrong and that’s why the girls are not motivated to eat their vegetables.” (NU 3)</p> <p>“I think it’s very good to have the menus for the whole week. In this way, we can realize if there’s balance in their meals. Because sometimes we only say, ‘What’s in the fridge?’” (NU 4)</p>
Concerns about state registration	<p>“When I started, I lived in a mobile home and they told me I had to have a living room for the children. . . . The living room should be set up for playing and the room to rest. . . . I didn’t have all that space. I only had a living room to play with them and they told me, no, that I had to have a larger space to care for children.” (NU 6)</p>

Note. CACFP = Child and Adult Care Food Program; NU = CACFP nonuser.

providers were exceptionally challenging to recruit for this study, despite the use of a bilingual outreach team and deep familiarity with New Mexico's early childhood networks, so future studies would need to carefully consider how to best recruit this group of providers.

PUBLIC HEALTH SIGNIFICANCE

This study has implications for equitable access to CACFP benefits for young children in home-based care. Findings suggest policy changes that could potentially ease barriers to CACFP participation for home-based child care providers, thereby expanding access and helping them better meet the nutritional needs of low-income children in their care. To improve the participation rates of home-based child care providers, federal policymakers and state agencies administering CACFP could dedicate resources to support translation of CACFP documents and informational materials into Spanish and other languages and the recruitment and retention of bilingual sponsor staff.⁶

State agencies could also consider facilitating additional outreach and nutrition training for unregulated child care providers to enhance their awareness of CACFP and their connections with other federal nutrition supports, such as the Expanded Food and Nutrition Education Program. This would help unregulated child care providers to learn about nutrition, meal planning, and strategies for exposing children to new foods, which were topics of interest for the informal child care providers in our sample. These professional development experiences may encourage providers to eventually engage with CACFP.

Finally, to better meet child needs, federal policymakers could raise the reimbursement rates paid to providers. They could also reimburse them for a third meal and additional snacks for children in care for long hours. This has been contemplated by Congress¹⁴ and other scholars¹⁵ and would help ensure that children are adequately fed and would reduce unreimbursed provider costs for extra food. [AJPH](#)

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CONTRIBUTORS

H. Heinz, D. Bell, and E. Y. Jimenez conceptualized and designed the study. D. Castillo and Y. Cordova collected data. H. Heinz, M. F. A. Pimentel, D. Castillo, Y. Cordova, and R. Fowler analyzed and interpreted results. H. Heinz, M. F. A. Pimentel, and E. Y. Jimenez prepared the article. All authors reviewed the results and approved the final version of the article.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

HUMAN PARTICIPANT PROTECTION

This study was approved by the University of New Mexico institutional review board (#11220).

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