

INTRODUCTION

1
2 Low fruit and vegetable (FV) intake in childhood is correlated with increased risk for
3 disease later in life.¹ Food behaviors established in preschool years (ages 3-5) can determine
4 long-term dietary quality, including adequate intake of FVs.² Unfortunately, children from low-
5 income families are at disproportionately higher risk compared to the general population for low
6 FV intake and associated diseases, including obesity.³ Numerous interventions and policies have
7 directed efforts to improve low FV intake among children, particularly in early childcare
8 environments.^{4,5} Encouraging young children to try new foods can be challenging since child
9 neophobia, or “fear of the new”, is prominent during preschool years.⁶ Decreasing neophobia for
10 vegetables, in comparison to fruits, is more difficult because children have a predisposition to
11 favor fruits due to their natural sweetness.² Ten to 15 exposures have been cited as necessary to
12 positively influence preference and intake, where ‘exposure’ is generally accepted as any
13 interaction or observed interaction with a given food.² Exposing children to foods through hands-
14 on, food-based learning (FBL) has been demonstrated as one way to effectively increase
15 exposures⁷ while allowing children to explore FV outside of the mealtime environment.⁸
16 Interventions adopting a FBL approach to increase exposure to healthy foods also show promise
17 in increasing later FV consumption.^{5,8}

18 With over one million low-income children enrolled each year,⁹ Head Start (HS) makes
19 an ideal setting for interventions targeting FV intake. However, while programs like HS are
20 interested in the nutritional outcomes of the young children they serve, their priorities also
21 include meeting school readiness goals.⁹ Of the studies that have demonstrated use of FBL as a
22 method to impact preference and consumption, to the authors’ knowledge only one study⁵ has
23 also explored the integration of food-based activities with Science, Technology, Engineering,

24 Art, Mathematics (STEAM) learning as a method to improve children's FV intake. Integrating a
25 FBL approach with STEAM represents a unique opportunity for preschool teachers to both
26 engage children in learning across multiple school readiness domains while exposing children to
27 new foods and nutrition education. Preschool teachers face many barriers in the classroom,
28 including time constraints and competing priorities, which may impact the quantity and quality
29 of nutrition education provided.^{10,11} Integrating STEAM and FBL has been cited by HS teachers
30 as one approach to reducing these barriers^{10,12}, however limited research is available to
31 determine if integrating FBL and school readiness concepts also has the potential to positively
32 impact children's FV intake. Therefore, the purpose of this study was to assess the effectiveness
33 of STEAM FBL activities on HS children's liking of nine target vegetables and overall FV
34 intake. It is hypothesized that vegetable exposure through STEAM FBL activities would
35 significantly increase vegetable liking and overall FV intake compared to the control group.

36 **METHODS**

37 Eleven classrooms (6 intervention, 5 control) in three Eastern North Carolina HS centers
38 participated in this quasi-experimental study during the 2018-2019 school year.

39 Parents/guardians and their children were recruited for participation through school registration,
40 parent meetings, flyers sent home, and pick-up/drop-off times. To participate in this study,
41 children were required to be 3-5 years old, enrolled in a participating HS center, and have written
42 consent from their parent/guardian. Children were excluded if they had identified disabilities
43 and/or did not speak English. The [Blinded] University and Medical Center Institutional Review
44 Board granted approval for the study (UMCIRB # xxx-xxxx).

45 The intervention consisted of seven hands-on, STEAM FBL activities, implemented once
46 a week (October-January), to expose children to nine target vegetables: broccoli, cauliflower,

47 spinach, radish, sweet potato, cucumber, tomato, carrot, and pea pod. Target vegetables were
48 selected based on prior exposure, as determined by parent report, and/or the potential of the food
49 to influence skin carotenoid status (SCS). FBL activities used a STEAM approach that aligned
50 with HS Program Performance Standards⁹ and North Carolina Foundations for Early Learning.¹³
51 Each activity lasted approximately 15-20 minutes and included circle time (group discussion)
52 and a hands-on activity highlighting a science, mathematics, and/or language arts concept (**Table**
53 **1**). Eight trained Research Assistants delivered all activities to ensure fidelity in the delivery of
54 the intervention.¹⁴

55 Data were collected from parents at baseline and from children at baseline (September
56 2019), midpoint (December 2019), and post-test (February 2020). At baseline, parents were
57 asked to complete three questionnaires addressing (1) basic demographics, including food
58 allergies, (2) child neophobia, and (3) child likes/dislikes/exposure. Parents reported their child's
59 likes/dislikes on a 6-point hedonic scale from "he/she loves it" to "he/she hates it" designed after
60 the *Preschool Adapted Liking Survey*.¹⁵ The survey was adapted to include the nine target
61 vegetables and used photographs identical to those in the child liking tool to ensure parent and
62 child ratings could be compared.¹⁶

63 Researchers collected vegetable liking and SCS from children at each of the three
64 timepoints (baseline, midpoint, and post-test). Researchers assessed children's FV liking by
65 modifying a previously validated pictorial FV measure for preschool children. Modifications
66 included the nine target vegetables and other commonly consumed food items for this age group
67 (e.g. hotdog, yogurt).^{17,18} The tool includes a non-gendered 5-point face scale ("super yummy" to
68 "super yucky"). All photographs used in the pictorial tool were cognitively evaluated by HS
69 children (n=200) in June 2018. Children's SCS was measured using the Veggie Meter®

70 (Longevity Link Corporation, Salt Lake City, UT), a non-invasive, quick and objective indicator
71 of skin carotenoid status, and a valid approximation of FV intake.¹⁹ After sanitizing the fingers,
72 children were instructed to insert their right finger into the Veggie Meter®. The Veggie Meter®
73 took three measures and provided an average of the measurements which was assigned as the
74 child's SCS measure.

75 **Data Analysis**

76 Researchers used SPSS (version 25.0 IBM Corp, Armonk, NY, 2017) for statistical analysis.
77 Categorical data are presented as n (%) and continuous data as means (\pm SD). Mean scores on
78 child-reported liking scores and Veggie Meter® were calculated at baseline, midpoint, and post-
79 test. Tests of significance using independent *t* tests with were conducted to determine differences
80 between baseline and post-test scores within groups. Categorical measures were calculated and
81 compared using independent-samples Mann Whitney-U and related-samples Wilcoxon Signed
82 Rank tests. Repeated measures ANOVA was performed to examine the effect of time at the three
83 time points and intervention on child-reported liking scores and SCS. The dependent variables
84 were change in child-reported liking scores and SCS (two separate models) and the independent
85 variables were sex, age, baseline body mass index, and intervention versus control. A scatter plot
86 was performed to compare change in time across classrooms and revealed similar changes over
87 three time points, therefore researchers did not cluster children within classrooms. Differences
88 were considered statistically significant at $p < .05$.

89 **RESULTS**

90 A total of 113 children (Intervention (I)=49; Control (C)=64; 6.60 ± 3.40 children/classroom)
91 participated in the study. Children were 57% male, an average age of 3.69 ± 0.57 years at
92 baseline, and predominantly Black/African American (81%) followed by Hispanic (6%). No

93 major food allergies were reported. There were no significant differences between groups at
94 baseline for demographics or primary measurements, including body mass index ($I=16.94\pm 2.55$;
95 $C=16.93\pm 2.36$; $p=.97$), level of parent reported neophobia ($I=3.87\pm 1.27$; $C=3.90\pm 1.44$; $p=.97$),
96 SCS ($I=267.16\pm 100.22$; $C=265.03\pm 67.53$; $p=.89$), or target vegetable liking ($I=3.18\pm 1.04$;
97 $C=3.15\pm 1.07$; $p=.90$). Attendance among children varied during the intervention; approximately
98 38% of children attended 6 or more activities, 49% 4-5 activities, and 13% of children 1-3
99 activities.

100 Parent-reported target vegetable exposure for both groups is reported in **Figure 1**.
101 Children in both groups had the highest reported exposure to broccoli ($I = 95.9\%$; $C= 95.3\%$)
102 and carrot ($I= 93.9\%$; $C=96.9\%$) and the lowest reported exposure to radish ($I = 40.8\%$; $C=$
103 31.2%). Repeated measures ANOVA determined that a time-by-group interaction was not
104 significant for target vegetable liking ($F(2,68)=0.82$; $p=.44$, $r=.02$) (**Figure 2**). Although not
105 significant, a decrease in liking for the intervention group over time was observed. SCS levels
106 were significantly higher in the intervention group at post-test compared to the control
107 ($t(85)=2.54$; $p=.01$) (**Figure 3**). Repeated measures ANOVA determined that a time-by-group
108 interaction was also significant for change in SCS ($F(2,76)=3.98$; $p=.02$, $r=.10$). SCS declined in
109 both groups ($I=0.06\%$; $C=15.09\%$) baseline to post-test with a significantly smaller decline
110 observed in the intervention group ($P = .02$).

111 DISCUSSION

112 This study used STEAM FBL activities in HS classrooms, with the goal of increasing
113 children's liking of nine target vegetables and overall FV intake. A STEAM-based learning
114 approach has the potential to prepare children for kindergarten, while also having a positive
115 influence on children's dietary intake.^{4,5,20} However, limited evidence is available to understand

116 how STEAM FBL may impact preschool children's liking and intake of FV.⁵ Findings from the
117 current study revealed STEAM FBL activities do not appear to improve liking of FV, but did
118 have a positive effect on SCS levels of exposed HS children over the course of the intervention.

119 Both the intervention and control groups demonstrated an overall decline in liking of
120 target vegetables, however one study has reported preschool children's vegetable liking may
121 decrease before increasing.²¹ It is possible children's liking of vegetables in the intervention
122 group may have increased with a longer study duration. Another consideration is the number of
123 vegetable exposures children experience; it is commonly cited that 8-12 taste exposures may be
124 needed to increase liking of a *new* vegetable²², however there is limited research to support our
125 understanding of how children's liking for familiar vegetables evolves. The majority of the
126 children in the current study had already been exposed to target vegetables at home or school
127 (**Figure 1**). Prior research has indicated improving liking for novel vegetables may be easier
128 compared to familiar vegetables since no prior exposure or predisposed disliking exists.²³ While
129 selecting novel vegetables for a food-based intervention might allow researchers to assess change
130 in liking more easily, long-term intake of these vegetables could be impacted if children do not
131 have access to them outside of the learning environment. More research is needed to understand
132 how liking for familiar FVs changes over time and its' relationship with actual consumption.

133 STEAM FBL activities appeared to have had a significant effect on children's FV intake
134 as approximated by SCS. Children in both groups experienced an increase in SCS between
135 baseline and midpoint data collection. However, this was followed by a decline in SCS from
136 midpoint to post-test in both groups with children in the intervention group experiencing a
137 significantly smaller decline compared to the control group. Between midpoint and post-test,
138 participating children were out of school on winter break for approximately three weeks. Prior

139 research has indicated that children enrolled in HS may not have the same access to FV at home
140 compared to school³ which may account for the drops in SCS levels observed. The smaller
141 decreases in SCS levels observed in the intervention group may suggest intervention children
142 were consuming more carotenoid rich FVs during and after the intervention when these foods
143 were available for consumption. More research is needed to explore these differences including
144 an assessment of home exposures, particularly during periods when children do not have access
145 to school meals.

146 The study has several limitations and strengths. First, due to the small sample size, the
147 results should not be generalized to children and HS classrooms not included in this study. Due
148 to the non-randomized nature of the study design, results are not immune to selection bias.
149 Future studies should attempt to replicate these findings using a randomized controlled design
150 with larger sample sizes in each group. To the authors' knowledge, no US studies have examined
151 the relationship between preschool children's FV consumption and seasonality. However, prior
152 international studies suggest that seasonality may also impact children's consumption of FV.²⁴
153 Finally, no assessment of FV exposure occurring outside of the school environment was
154 measured. Strengths include working with centers affiliated with a single HS program. This
155 partnership helped researchers ensure children from all 11 classrooms generally received the
156 same menu items during the course of the intervention. Additionally, measurement of skin
157 carotenoids allows more objective quantification of consumption compared to mealtime
158 observations or parental reports.¹⁶ Finally, although the Veggie Meter® has been validated¹⁹, few
159 studies have been published using SCS to assess FV intake among preschool-aged children.^{19,25}

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IMPLICATIONS FOR RESEARCH AND PRACTICE

- 183 4. Whiteside-Mansell L, Swindle T. Evaluation of Together We Inspire Smart Eating: pre-
184 school fruit and vegetable consumption. *Health Educ Res.* 2018;34(1):62-71.
- 185 5. Johnson SL, Ryan SM, Kroehl M, Moding KJ, Boles RE, Bellows LL. A longitudinal
186 intervention to improve young children's liking and consumption of new foods: findings from
187 the Colorado LEAP study. *Int J Behav Nutr Phys Act.* 2019;16(1):49.
- 188 6. Dovey TM, Staples PA, Gibson EL, Halford JC. Food neophobia and 'picky/fussy' eating in
189 children: a review. *Appetite.* 2008;50(2-3):181-93.
- 190 7. Contento IR, Balch GI, Bronner YL et al. The effectiveness of nutrition education and
191 implications for nutrition education policy, programs, and research: a review of the research.
192 *J Nutr Educ Behav.* 1995;27:279-418.
- 193 8. Whiteside-Mansell L, Swindle T, Davenport K. Evaluation of "Together, We Inspire Smart
194 Eating" (WISE) nutrition intervention for young children: assessment of fruit and vegetable
195 consumption with parent reports and measurements of skin carotenoids as biomarkers. *J*
196 *Hunger Environ Nutr.* 2019;6. doi: 10.1080/19320248.2019.1652127
- 197 9. Office of Head Start, Administration for Children and Families, US Department of Health
198 and Human Services. <http://www.acf.hhs.gov/programs/ohs/about>. Accessed April 21, 2020.
- 199 10. Carraway-Stage V, Henson SR, Dipper A, Spangler A, Ash SL, Goodell LS. Understanding
200 the state of nutrition education in the Head Start classroom: a qualitative approach. *Am J*
201 *Health Educ.* 2014; 45(1):52-62.
- 202 11. Peterson AD, Goodell SL, Hegde A, Stage V. Teacher perceptions of multilevel policies and
203 the influence on nutrition education in North Carolina Head Start preschools. *J Nutr Educ*
204 *Behav.* 2017;49(5):387-96.

- 205 12. Dev DA, Carraway-Stage V, Schober DJ, McBride BA, Kok CM, Ramsay S. Implementing
206 the Academy of Nutrition and Dietetics Benchmarks for Nutrition Education for Children:
207 Child-Care Providers' Perspectives. *J Acad Nutr Diet.* 2017;117:1963-1971.e2.
- 208 13. North Carolina Foundations Task Force. (2013). North Carolina Foundations for Early
209 Learning and Development.
210 https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/N/NC_Foundations.pdf. Accessed
211 April 21, 2020.
- 212 14. Saunders RP, Evans MH, Joshi P. Developing a Process-Evaluation Plan for Assessing
213 Health Promotion Program Implementation: A How-To Guide. *Health Promot Pract.*
214 2005;6:134-147.
- 215 15. Sharafi MH, Peracchio H, Scarmo S, et al. Preschool-Adapted Liking Survey (PALS): a brief
216 and valid method to assess dietary quality of preschoolers. *Pubmed.* 2015;11(5):530-540.
- 217 16. Stage V, Downing C, Hegde AV, Dev DA, Peterson AD, Goodell LS. Comparison of parent
218 and child rankings of fruit and vegetable liking to assess parent accuracy as proxy
219 reporters. *Ecol Food Nutr.* 2019;58(2):166-186.
- 220 17. Carraway-Stage V, Spangler H, Borges M, Goodell LS. Evaluation of a pictorial method to
221 assess liking of familiar fruits and vegetables among preschool children. *Appetite.*
222 2014;75:11-20.
- 223 18. Fox MK, Condon E, Briefel RR, Reidy KC, Deming DM. Food consumption patterns of
224 young preschoolers. Are they starting off on the right path? *J Amer Diet*
225 *Assoc.* 2010;110:S52-S59.
- 226 19. Jilcott Pitts SB, Jahns L, Wu Q, et al. A non-invasive assessment of skin carotenoid status
227 through reflection spectroscopy is a feasible, reliable and potentially valid measure of fruit

- 228 and vegetable consumption in a diverse community sample. *Public Health Nutr.* 2018;21(9):
229 1664-1670.
- 230 20. Shilts MK, Lamp C, Horowitz M, Townsend M. Pilot Study: EatFit impacts sixth graders'
231 academic achievement on achievement of mathematics and English education standards. *J*
232 *Nutr Educ Behav.* 2009;41(2):127-131.
- 233 21. Wardle J, Herrera M, Cooke L, et al. Modifying children's food preferences: the effects of
234 exposure and reward on acceptance of an unfamiliar vegetable. *Eur J Clin Nutr.*
235 2003;57:341–348.
- 236 22. Johnson SL, Bellows L, Beckstrom L, Anderson K. Evaluation of a social marketing
237 campaign targeting preschool children. *Am J Health Behav.* 2007;31(1):44-55.
- 238 23. Birch LL. Development of food acceptance patterns in the first years of life. *Proc Nutr Soc.*
239 1998;57:617-624.
- 240 24. Abizari AR, Azupogo F, Nagasu M, Creemers N, Brouwer ID. Seasonality affects dietary
241 diversity of school-age children in northern Ghana. *PLoS One.* 2017;12(8):e0183206.
242 doi:10.1371/journal.pone.0183206
- 243 25. Beccarelli LM, Scherr RE, Dharmar M, et al. Using Skin carotenoids to assess dietary
244 changes in students after 1 academic year of participating in the Shaping Healthy Choices
245 program. *J Nutr Educ Behav.* 2017;49(1):73–78.
- 246 26. Halloran K, Gorman K, Fallon M, Tovar A. Nutrition knowledge, attitudes, and fruit and
247 vegetable intake as predictors of Head Start teachers' classroom mealtime behaviors. *J Nutr*
248 *Educ Behav.* 2018;50(4):340-348.
- 249 27. Esquivel MK, Nigg CR, Fialkowski MK, Braun KL, Li F, Novotny R. Influence of teachers'
250 personal health behaviors on operationalizing obesity prevention policy in Head Start

251 preschools: a project of the Children's Healthy Living Program (CHL). *J Nutr Educ Behav.*
252 2016;48(5):318–325.

253 28. Fallon M, Halloran K, Gorman K, Ward D, Greene G, Tovar A. Self-reported and observed
254 feeding practices of Rhode Island Head Start teachers: knowing what not to do. *Appetite.*
255 2018;120:310-317.

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