A Cooking Intervention to Increase Vegetable Consumption by Parents With Children Enrolled in an Early Head Start Home Visiting Program: A Pilot Study in Portland, Oregon, 2013-2014

Most Americans, especially those from low-income households, do not consume enough vegetables to meet current dietary recommendations. Dietary interventions, specifically cooking interventions, show great promise in shaping future behaviours in children, which when supported by parental figures can develop into lifelong habits. Home visits help maintain the sustainability of such interventions and allow the intervention to be tailored to the family’s needs. In Portland, Oregon, the Early Head Start Home Visiting program was implemented to improve “confidence in cooking vegetables among low-income parents with children aged 0 to 3 years” and increase vegetable consumption. The Early Head Start program used the Harvest for Healthy Kids curriculum and focused on 12 vegetables: carrots, pumpkin squash, butternut squash, delicata squash, spaghetti squash, sweet potato, potato, cabbage, turnip, rutabaga, parsnip and beets.

Demographic information and self-reported nutritional patterns/behaviours/attitudes were collected. Nearly all of the parental participants were mothers, and were white, unemployed and participated in supplemental food assistance programs. 43% of these parental participants had less than 12 years of educational experience.

From pre- to post-intervention, the percentage of participants who felt confident in their skills in baking, roasting and grilling of vegetables increased from 60.7% to 87.9%. No significant changes were found in confidence of boiling or steaming vegetables or pan-frying vegetables. Significant changes were seen in parental confidence in preparing turnips, rutabaga, parsnips, beets, sweet potatoes and spaghetti squash. Implementation of the intervention was successful and had high fidelity to the protocol spelled out. This intervention, according to the parents who participated, was easy to understand, acceptable and feasible. It allowed participants to overcome barriers such as lack of transportation and work schedules and let them use tools they had in their own kitchens.

Reference: Izumi, Betty T et al. “A Cooking Intervention to Increase Vegetable Consumption by Parents With Children Enrolled in an Early Head Start Home Visiting Program: A Pilot Study in Portland, Oregon, 2013-2014.” Preventing chronic disease vol. 13 E174. 22 Dec. 2016, doi:10.5888/pcd13.160259