

Background:

- Childhood cancer survivors are at high risk for nutrition-related disease
- Carotenoid intake is associated with a number of beneficial health outcomes for survivors and the general population
- Cooking education is popular and has the potential to improve diet
- Most cooking programs focus on fresh produce, but the majority of carotenoids in the US diet come from processed foods

Objective: The objective of this study is to examine the relationship between practices commonly taught in community cooking classes and the carotenoid content of prepared meals.

Methods:

- The Healthy Cooking Index (HCI) quantifies the quality of home cooking practices and is based on extant evidence
- The HCI practices are commonly used in community cooking programs for cancer survivors
- Parents with one CCS or non-CCS school-aged child were recruited for an observational study
- Participants prepared meals in their homes while observers took notes on their cooking behaviors and meal content
- HCI scores and prepared meal nutrition, including total and individual carotenoid content was assessed

Results:

- 40 dyads (Table 1) participated. Most children were under 14 and Hispanic White or non-Hispanic White
- Prepared meals could be categorized into 11 main types (Fig 1)
- Meals of the same type varied widely in carotenoid content (Fig 2)
- 46% of produce used by participants was considered carotenoid-rich (tomatoes, dark yellow/orange, dark green)
- Carotenoid content was not associated with HCI score (r= -0.244) or total produce usage (r= .142)
- Carotenoid content was associated with carotenoid-rich produce usage (r = .553**)
- Higher carotenoid meals tended to use canned vegetables and tomato products
- Carotenoid content was associated with total meal sugar (r= .324*) and refined grains(r= .497**) Table 2

** Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

The carotenoid content of home-prepared family meals is not associated with healthier cooking practices or total fruit & vegetable content.

Read the full article:

<https://www.mdpi.com/2072-6643/12/2/524>

Table 1 Participant Demographic and Meal Carotenoid Characteristics % (n=40)		
Child Age (years)	5 to 8	42.5 (17)
	9 to 13	45 (18)
	14 to 18	12.5 (5)
Child Race / Ethnicity	White	40 (16)
	Hispanic	27.5 (11)
	Black	17.5 (7)
	Other	10 (4)
Asian		5 (2)
F/V servings per serving of prepared meal mean +/- SD (range)		2.74 +/- 2.07 (0-9.47)

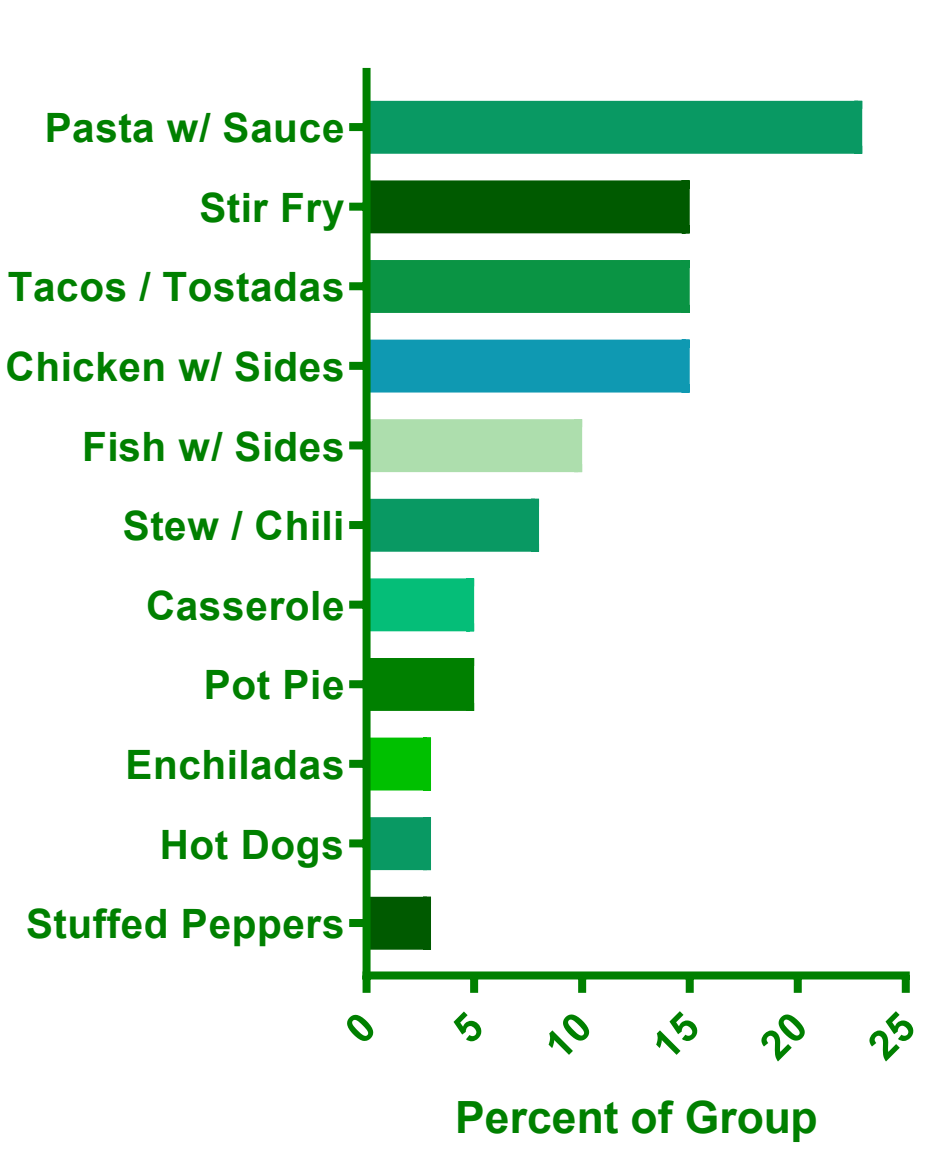
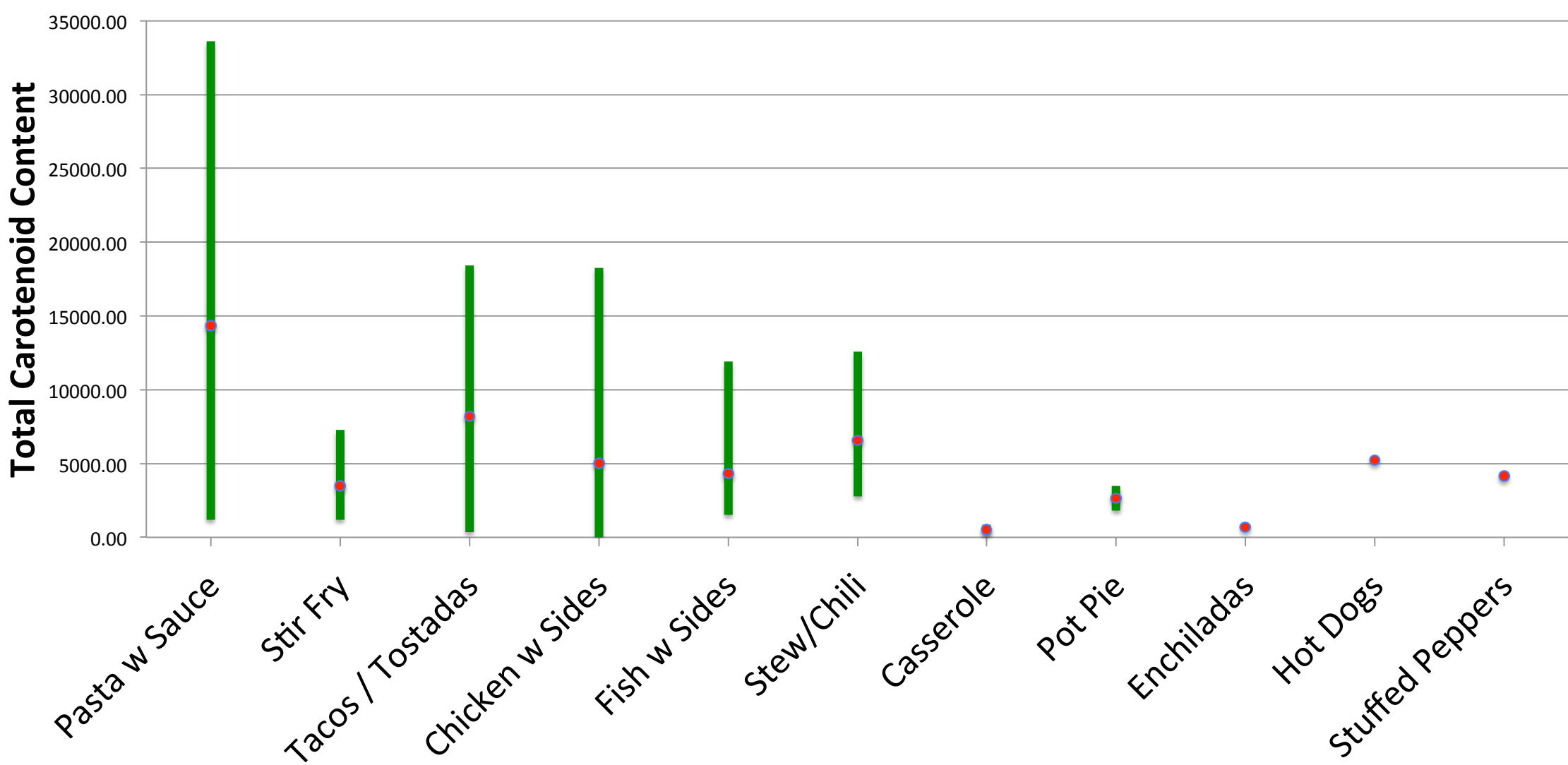


Figure 1 (above): Bar chart showing main types of dishes prepared by participants (n=40). **Figure 2** (below) Chart showing mean and range of carotenoid content by meal type.

Table 2: Associations between nutrient variables and total carotenoids content, carotenoid-rich fruit/vegetables and fruit/vegetables (Pearson correlation)			
Nutrition Variable	Total Carotenoids	Total Carotenoid Rich F/V	Total F/V ^a
Total Carotenoids	-	0.55**	0.14
Energy Density (calories/grams)	-0.235	-0.278	-0.592**
Sugar (g)	0.324*	0.127	0.462**
Fiber (g)	0.149	0.032	0.580**
Meal Servings of Refined Grains	0.497**	0.199	-0.081
Meal Servings of Sweets	0.449**	0.087	0.163
Calcium (mg)	0.041	-0.120	0.450**
Iron (mg)	0.658**	0.258	0.388*
Copper (mg)	0.303	0.408**	0.577**
Selenium (mcg)	0.373*	-0.020	0.082
Potassium (mg)	0.293	0.168	0.783**
Choline (mg)	-0.108	-0.199	0.347*

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).
^a Includes potatoes.
^b Total Retinol Activity Equivalents



Recommendations:

- To increase carotenoid intake among survivors, cooking education programs could include use of processed tomato/vegetable products and focus on carotenoid rich produce.
- Curricula should highlight using low sugar/salt versions of processed foods and alternatives to refined grain products

References:
Reicks, 2018 JNEB; Raber, 2016 PMR; Raber, 2019 PHN
Acknowledgement: This project has been supported by the James and Lois Archer Foundation, the Center for Energy Balance in Cancer Prevention and Survivorship, the Duncan Family Institute for Cancer Prevention and Risk Assessment, the National Institutes of Health National Center for Complementary and Integrative Health (NCCIH), the Office of Dietary Supplements (ODS) (R00 AT008576; NEM), the National Cancer Institute (NCI) under award number P30CA016672 and R25CA057730 (PI: Shine Chang), and by the USDA Agricultural Research Service (CRIS 3092-51000-056-03S; NEM). The contents of this work are solely the responsibility of the authors and do not necessarily represent the official views of the USDA/ARS, or NIH, NCCIH, NCI, or ODS.

