

UNIVERSITY OF SOUTH FLORIDA

A PREEMINENT RESEARCH UNIVERSITY Acceptability, Perceived Benefits, and Unintended Consequences of a Virtual Nutrition Intervention for Adolescents with Autism Spectrum Disorder

> Acadia W. Buro, MS, CAS LaShae Rolle, BSc, CPH-provisional Heewon L. Gray, PhD, RDN



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> A PREEMINENT RESEARCH UNIVERSITY



Professional Affiliations

USF College of Public Health

Acknowledgments

Committee Members

- Heewon Gray, PhD, RDN
- Russell Kirby, PhD
- Jennifer Marshall, PhD
- Jamie Holloway, PT, DPT, PhD

Research Assistants

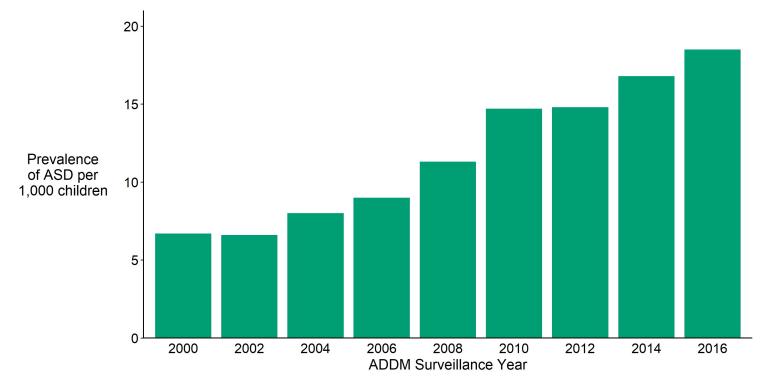
- Mikaela Strange
- Tiantian Pang, MPH
- Syed Hasan
- LaShae Rolle

- CARD-USF
- USF College of Public Health
- Research participants





Autism Spectrum Disorder (ASD)¹



Source: https://www.cdc.gov/ncbddd/autism/data.html 2016 ADDM Network Surveillance Summary Supplemental Slides

Unhealthy Weight Gain in Youth with ASD

- 22.2% prevalence of obesity in youth with ASD¹
- 41.1% greater risk of developing obesity compared to typically developing youth¹

Behavioral and Environmental Risk Factors for Obesity in Youth with ASD



- Unhealthy eating behaviors²⁻³
- Physical activity and screen time⁴
- Sleep disturbances⁵
- Social and behavioral impairments⁶
- Environmental challenges⁷⁻⁸

Health Outcomes of Obesity in Youth with ASD

- Nutrient deficiencies⁹⁻¹⁰
- Poor oral and bone health¹¹⁻¹³
- Altered gut microbiome¹⁴⁻¹⁵
- Chronic disease¹⁶⁻¹⁷



Nutrition Interventions for Youth with ASD

Interventions to improve feeding difficulties¹⁸⁻²⁴

(participants aged ≤ 8 years) Weight management interventions²⁵⁻²⁹ (heterogeneous

samples)

Online Nutrition Interventions

 Show promise for improving nutrition knowledge, attitudes, and behaviors in typically developing youth³⁰⁻³¹



Objective

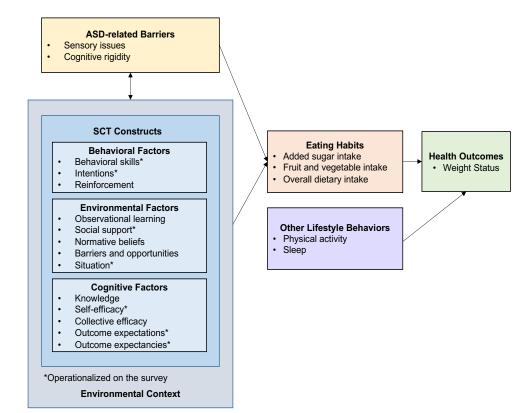
 To examine the acceptability, perceived benefits, and unintended consequences of a virtual implementation of BALANCE (Bringing Adolescent Learners with Autism Nutrition and Culinary Education), an 8-week theorydriven nutrition intervention for adolescents with ASD

Intervention

- 8 weekly 45-minute lessons
 - Brief homework assignments
- Weekly parent email handouts
- Three parent webinars



Theoretical Framework³²



Lesson Topics

- 1. Exploring Taste, Flavor, and Texture
- 2. Mealtimes and Rules
- 3. Food Groups and Nutrients
- Moderation 4.
- 5. Beverages
- Cooking 6.
- 7. Well-being
- Sustaining Healthy Eating Habits 8.

LESSON 1: EXPLORING TASTE, FLAVOR, AND TEXTURE

Aim

Explore the role of taste, flavor, and texture in food preferences.

Objectives

- Discuss taste, flavor, and texture preferences.

- Demonstrate willingness to explore a new taste, flavor, or texture. - Plan to overcome barriers to exploring a different taste, flavor, or texture.

Overview

This lesson begins with a discussion of taste, flavor, and texture. Next, students will participate in an activity to assess preferences. The class will share foods and describe their tastes and textures, and students will be asked to identify flavors or textures that they like and do not like. Students will be asked to identify barriers to trying new flavors and textures. Finally, the class will come up with ideas to overcome barriers to trying

Preparation

1. Open the lesson booklet PDF so that you can share it with others during the lesson. 2. Cather materials: notebook or paper, markers, 1-2 example foods to discuss different tastes and textures (e.g. berries, crackers, nuts, carrots), a bowl or plate, and napkins or

Procedure (45 min)

Introduction (5 min)

Ask everyone to practice using the "raise hand." "mute," and "unmute" features in Microsoft Teams while you are waiting for everyone to join the session. Once everyone has joined, ask everyone to introduce themselves. As an ice breaker, ask each student what their favorite food is. Have the class list examples of flavors and textures and come up with example foods for each one. Share the lesson booklet page 3 and read some keywords for visual and verbal prompts.

Sharing foods (30 min)

Ask how many student set up their tasting session. Tell students that we will let each person share and taste the food they prepared. Start by sharing the food that you brought and describe its taste and texture. Show the foods and describe their taste or texture. Ask the students to share the food they brought, referring to lesson booklet page 3 if anyone needs help thinking of words to describe taste or texture. Ask students if they like the foods that are being shared.





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LESSON 6: COOKING TOGETHER

Goal

Practice preparing a healthy meal and plan to help prepare food at home.

What we will do

- Discuss current practices for preparing food in the home.
- Practice making a healthy snack.
- Conduct a tasting session.

Preparation

1. In Lesson 6, we will practice making guacamole, Guacamole is an avocado-based dip often eaten with chips. Make sure you have an avocado, a plastic knife, and a fork:



2. Gather any other recipe ingredients that you have at home: lime, salt, diced tomato, diced onion, a spoon, and tortilla chips. You may ask your parent or a family member to help you with this preparation. It's okay if you don't have all of the items. We're just going to practice making the recipe.



3. Prepare your area with your guacamole ingredients and computer. Have page 28 and page 29 of this booklet ready. It's okay if you could not find avocado or any other ingredients. It's always good to have all the ingredients for a recipe, but even if you did not have time or forgot to prepare, you can still join the lesson and learn about various ingredients and how to make guacamole!



27



SINGLE-SERVING GUACAMOLE

NAME

Ingredients:

- .1 avocado
- .1 spoonful of diced red onion
- .1 spoonful of diced tomato
- .1 squeeze of lime juice
- . Pinch of salt

1.Wearing gloves, cut

the avocado in half

and remove the piit.

of salt.



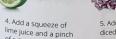






3. Mash the avocado with a fork until it is smooth.





5. Add a spoonful of diced red onion and a spoonful of diced tomato.









· Bowl

DATE

· Child-safe knife · Food safety gloves

· Fork

Tablespoon





Study Design and Setting



- Adolescent focus groups
- Parent interviews
- Virtual via Microsoft Teams

Sample and Recruitment

- Recruited through a local community partner
- 27 adolescents aged 12-20 years completed the 8-week intervention
 - **21 parents** participated in an interview
 - 12 adolescents participated in a focus group (6 groups with 1-5 per group)



Analysis

- Audio-recorded and transcribed
- Analyzed for *a priori* and emergent themes regarding intervention acceptability (likes, dislikes, satisfaction, and suggestions for improvement), perceived benefits, and unintended consequences



Acceptability

- Virtual format
- Group setting
- Autonomy/independence
- Sensory components
- Interaction
- Reinforcement (SCT)
- Parent component

Virtual Format

"I think I participated because it was online...we have so many therapies and so many things going on that it's not that nutrition is not a priority but in the list of the things that you need to do, that you got to have a behavior analyst, you got to have the neurologist, the psychiatrist, the occupation therapist, the physical therapy. **So, nutrition...** you balance that, you say, 'That can wait. **That can wait.**" – Parent of a 12-year-old male

"It's good since **I'm used to it** with my other group." – 18-year-old male

"You can do a 45-minute session. **It's really only 45 minutes**. It's not an hour and a half." – Parent of a 15-year-old male

Autonomy/Independence

"I feel like [he] was really happy. At that time, I have classes scheduled at the same time, and I cannot be with him or prompting him to join all the time. **He was in his own accord joining.**" – Parent of a 16-year-old male

Sensory Components

"The avocado, **guacamole**, he was so proud of himself when he was done making it. And he loved that, so that was something I had not expected him to be that excited about." – Parent of a 14-year-old male "I love the **book**. It's colorful. It's easy to read. It's perfect. The descriptions are good." – 12-year-old male

"The only thing that would have been better would have been...taking the pages out and cutting them up into little **cards**. That would be a very nice, you know, tactile, visual reinforcer for him." – Parent of a 16-year-old male

Parent Component

"I did look at them all, and I thought they were beneficial because since [he] was taking the iPad out of the room, I wasn't participating in the class, except for the one time when I helped with food. But I think those were good because it gave us **an update on what was covered** and everything." – Parent of a 12-year-old male

"A little bit more **asynchronous** as opposed to live will probably be helpful. It will at least allow me to budget my time and be there at whatever time I can jump into it." - Parent of a 17year-old female

Perceived Benefits

- Diet changes
- Knowledge/awareness (SCT)
- Behavioral strategies (SCT)
- Self-efficacy (SCT)
- Outcome expectations (SCT)
- Outcome expectancies (SCT)
- Healthy weight
- Other lifestyle changes

Diet Changes: Self-Regulation

Instead of reaching for the four slices of pizza, he's **only reaching for two**, so that's a pretty drastic change for him... If he drinks a sugary drink, he won't ask for dessert later in the day, which is really like a big thing for him because usually he's like – because we don't really do a lot of – it's all water here, but every now and then, we'll go to the store, and he'll want one of those Arizona Mango cans... if he drinks that, he won't ask for a **dessert or cookie**... he's like, "No, I had my tea today." – Parent of a 13-year-old male

"I've been eating less. I was eating a whole lot more before joining this." – 18-year-old male

Diet Changes: Trying New Foods

"He seems like to eat two apples a day or sometimes even more. He didn't like the texture before, but now, I don't know what happened. It seems like he doesn't mind to eat apples. Just about four weeks ago. And every day he eats [apples], so I have to keep buying a lot of apples." – Parent of a 17-year-old male

"I tried different things. I tried to make this pasta salad." – 19-year-old male

Knowledge/Awareness

"He's more **aware**. At least he comes out and make some popcorn or takes a little bit of fruit. He is more receptive to the timing when I said, 'It's time to eat.' He's more aware now that he has to eat, while he eats, not doing something else and going around here to sit with us and eat, and we're trying to make it the family kind of situation, putting the **social component** and enjoying of the meal." – Parent of a 16-year-old male

"It gave me some big brain knowledge about certain foods. **Big brain knowledge**." – An 18-year-old male

Unintended Consequences

• Anxiety/Discomfort

Anxiety/Discomfort

"Just when he was frustrated and he didn't want to participate. It seemed like in the beginning, he was like really gung-ho, but then towards the end and maybe say like the last four lessons, he was just, he'd had a lot of like SIB [self-injurious behaviors] where he would kind of like **pull his hair or the normal things that we would see during schoolwork**."

- Parent of a 13-year-old male

"Is it okay if I leave early? I'm just not into it today...**I just feel too stressed today.**" – 12-year-old male

Context

- Diet history
- Food environment
- Family support
- Changes due to COVID-19
- Motivation for participating

Diet History

"[He] has found a very **limited** list of foods that he will reliably eat and feel like he's getting something good to eat, and I allow him to continue to have that limited diet because it's easier for me." – Parent of a 16-year-old male

"If we get takeout... [he] wants nothing to do with it. He goes in a different room. **He doesn't want to smell it.** He doesn't want to see it." – Parent of a 12-year-old male "I will make sure like he has his pizza. He likes it chopped into 16 pieces, and then we will place it on the table for him, make sure he's got a fork and a napkin, and if he asks to have a drink, he's got to get his own drink". – Parent of a 16-year-old male

Food Environment

"I have all the snacky stuff locked in my closet, so **there's nothing out for him to get**." – Parent of an 18-year-old male

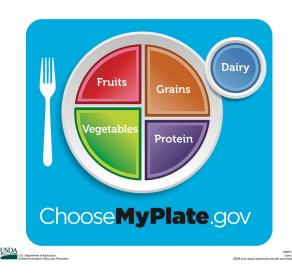
"We order very often. When I work, I work 24 hours, so I'm not here for an entire day, so especially then it's **super easy** for my husband to just order pizza, you know what I mean?" – Parent of an 18-year-old male "He does love fruit. He will eat three apples a day if we let him, but then **apples get expensive** when you're eating three a day, so he gets in trouble for eating all the apples." – Parent of a 16-year-old male

Summary of Results

- The virtual implementation was acceptable to adolescents and parents
- Several psychosocial and behavioral benefits
- Anxiety/discomfort was an unintended consequence
- Emergent findings on the impact of the COVID-19 pandemic



Suggestions for Improvement



- Age-appropriate strategies
- More visual reinforcers
- Improved parent component

Conclusions

- The virtual implementation was acceptable according to adolescents and their parents
- Many adolescents with ASD may benefit from small group interventions
- Virtual settings may be especially advantageous for nutrition interventions for this population due to competing priorities



References

- 1. Maenner, M. J., Shaw, K. A., Baio, J., Washington, A., Patrick, M., DiRenzo, M., Christensen, D. L., Wiggins, L. D., Pettygrove, S., Andrews, J. G., Lopez, M., Hudson, A., Baroud, T., Schwenk, Y., White, T., Rosenberg, C. R., Lee, L., Harrington, R. A., Huston, M.,...Dietz, P. M. (2020). Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years—Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2016. MMWR. Surveillance Summaries, 69. <u>https://doi.org/10.15585/mmwr.ss6904a1</u>
- 2. Kahathuduwa, C. N., West, B. D., Blume, J., Dharavath, N., Moustaid-Moussa, N., & Mastergeorge, A. (2019). The risk of overweight and obesity in children with autism spectrum disorders: A systematic review and meta-analysis. Obesity Reviews: An Official Journal of the International Association for the Study of Obesity. http://dx.doi.org/10.1111/obr.12933
- 3. Marí-Bauset, S., Zazpe, I., Mari-Sanchis, A., Llopis-González, A., & Morales-Suárez-Varela, M. (2014). Food selectivity in autism spectrum disorders: A systematic review. Journal of Child Neurology, 29(11), 1554–1561. https://doi.org/10.1177/0883073813498821
- 4. Sharp, W. G., Berry, R. C., McCracken, C., Nuhu, N. N., Marvel, E., Saulnier, C. A., Klin, A., Jones, W., & Jaquess, D. L. (2013). Feeding problems and nutrient intake in children with autism spectrum disorders: A meta-analysis and comprehensive review of the literature. *Journal of Autism and Developmental Disorders*, 43(9), 2159–2173. <u>https://doi.org/10.1007/s10803-013-1771-5</u>
- Dreyer Gillette, M. L., Borner, K. B., Nadler, C. B., Poppert, K. M., Odar Stough, C., Swinburne Romine, R., & Davis, A. M. (2015). Prevalence and Health Correlates of Overweight and Obesity in Children with Autism Spectrum Disorder. Journal of Developmental and Behavioral Pediatrics: JDBP, 36(7), 489–496. <u>https://doi.org/10.1097/DBP.000000000000198</u>
- 6. Cohen, S., Conduit, R., Lockley, S. W., Rajaratnam, S. M., & Cornish, K. M. (2014). The relationship between sleep and behavior in autism spectrum disorder (ASD): A review. Journal of Neurodevelopmental Disorders, 6(1), 44. https://doi.org/10.1186/1866-1955-6-44
- 7. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (DSM-5*). American Psychiatric Association.
- Mattes, R., & Foster, G. D. (2014). Food environment and obesity. Obesity (Silver Spring, Md.), 22(12), 2459–2461. <u>https://doi.org/10.1002/obv.20922</u>
- 9. Penney, T. L, Almiron-Roig, E., Shearer, C., McIsaac, J.-L., & Kirk, S. F. L. (2014). Modifying the food environment for childhood obesity prevention: Challenges and opportunities. The Proceedings of the Nutrition Society, 73(2), 226–236. https://doi.org/10.1017/S0029665113003819
- 10. Via, M. (2012). The Malnutrition of Obesity: Micronutrient Deficiencies That Promote Diabetes. ISRN Endocrinology, 2012. https://doi.org/10.5402/2012/103472
- 11. Zimmer, M. H., Hart, L. C., Manning-Courtney, P., Murray, D. S., Bing, N. M., & Summer, S. (2012). Food Variety as a Predictor of Nutritional Status Among Children with Autism. Journal of Autism and Developmental Disorders, 42(4), 549–556. https://doi.org/10.1007/s10803-011-1268-z
- 12. Farr, J. N., & Dimitri, P. (2017). The Impact of Fat and Obesity on Bone Microarchitecture and Strength in Children. Calcified Tissue International, 100(5), 500-513. https://doi.org/10.1007/s00223-016-0218-3
- 13. Marshall, J., Sheller, B., & Mancl, L. (2010). Caries-risk assessment and caries status of children with autism. Pediatric Dentistry, 32(1), 69–75.
- 14. Barnhill, K. M., Devlin, M., & Hewitson, L. (2019). Bone Health and BMD Research in Pediatric and Adolescent Individuals with ASD: Current Data, Evaluation, and Next Steps. Clinical Reviews in Bone and Mineral Metabolism
- 15. Maruvada, P., Leone, V., Kaplan, L. M., & Chang, E. B. (2017). The Human Microbiome and Obesity: Moving beyond Associations. Cell Host & Microbe, 22(5), 589–599. https://doi.org/10.1016/i.chom.2017.10.005
- 16. Fowlie, G., Cohen, N., & Ming, X. (2018). The Perturbance of Microbiome and Gut-Brain Axis in Autism Spectrum Disorders. International Journal of Molecular Sciences, 19(8). https://doi.org/10.3390/iims19082251
- 17. Dixon, J. B. (2010). The effect of obesity on health outcomes. Molecular and Cellular Endocrinology, 316(2), 104–108. https://doi.org/10.1016/j.mce.2009.07.008
- 18. Llewellyn, A., Simmonds, M., Owen, C. G., & Woolacott, N. (2016). Childhood obesity as a predictor of morbidity in adulthood: A systematic review and meta-analysis. Obesity Reviews, 17(1), 56–67. https://doi.org/10.1111/obr.12316
- 19. Sharp, W. G., Burrell, T. L., & Jaquess, D. L. (2014). The Autism MEAL Plan: A parent-training curriculum to manage eating aversions and low intake among children with autism. Autism: The International Journal of Research and Practice, 18(6), 712–722. https://doi.org/10.1177/1362361313489190
- 20. Marshall, J., Hill, R. J., Ware, R. S., Ziviani, J., & Dodrill, P. (2015). Multidisciplinary intervention for childhood feeding difficulties. Journal of Pediatric Gastroenterology and Nutrition, 60(5), 680–687. https://doi.org/10.1097/MPG.000000000000669
- 21. Tanner, A., & Andreone, B. E. (2015). Using graduated exposure and differential reinforcement to increase food repertoire in a child with autism. Behavior Analysis in Practice, 8(2), 233–240. https://doi.org/10.1007/s40617-015-0077-9
- Cosbey, J., & Muldoon, D. (2017). EAT-UPTM Family-Centered Feeding Intervention to Promote Food Acceptance and Decrease Challenging Behaviors: A Single-Case Experimental Design Replicated Across Three Families of Children with Autism Spectrum Disorder. Journal of Autism and Developmental Disorders, 47(3), 564– 578. <u>https://doi.org/10.1007/s10803-016-2977-0</u>
- 23. Miyajima, A., Tateyama, K., Fuji, S., Nakaoka, K., Hirao, K., & Higaki, K. (2017). Development of an Intervention Programme for Selective Eating in Children with Autism Spectrum Disorder. Hong Kong Journal of Occupational Therapy: HKJOT, 30(1), 22–32. https://doi.org/10.1016/j.hkjot.2017.10.001
- 24. Muldoon, D., & Cosbey, J. (2018). A Family-Centered Feeding Intervention to Promote Food Acceptance and Decrease Challenging Behaviors in Children With ASD: Report of Follow-Up Data on a Train-the-Trainer Model Using EAT-UP. American Journal of Speech-Language Pathology, 1–10. https://doi.org/10.1044/2017 AJSLP-17-0105
- 25. Panerai, S., Suraniti, G. S., Catania, V., Carmeci, R., Elia, M., & Ferri, R. (2018). Improvements in mealtime behaviors of children with special needs following a day-center-based behavioral intervention for feeding problems. Rivista Di Psichiatria, 53(6), 299–308. https://doi.org/10.1708/3084.30763
- 26. Pona, A. A., Dreyer Gillette, M. L., Odar Stough, C., Gerling, J. K., & Sweeney, B. R. (2017). Long-Term Outcomes of a Multidisciplinary Weight Management Intervention for Youth with Disabilities. Childhood Obesity, 13(6), 455–461. https://doi.org/10.1089/chi.2016.0334
- 27. Ptomey, L. T., Sullivan, D. K., Lee, J., Goetz, J. R., Gibson, C., & Donnelly, J. E. (2015). The use of technology for delivering a weight loss program for adolescents with intellectual and developmental disabilities. Journal of the Academy of Nutrition and Dietetics, 115(1), 112–118. https://doi.org/10.1016/j.jand.2014.08.031
- 28. Hinckson, E. A., Dickinson, A., Water, T., Sands, M., & Penman, L. (2013). Physical activity, dietary habits and overall health in overweight and obese children and youth with intellectual disability or autism, Research in Developmental Disabilities, 34(4), 1170–1178. https://doi.org/10.1016/j.ridd.2012.12.006
- 30. An, J., DuBose, K. D., Decker, J. T., & Hatala, L. E. (2019). A school-based mentoring program developing healthy behaviors of adolescents with intellectual and developmental disabilities: A pilot feasibility study. Disability and Health Journal, 12(4), 727–731. https://doi.org/10.1016/i.dhio.2019.03.012
- 31. Kuypers, L. (2020). The Zones of Regulation. http://www.zonesofregulation.com
- 32. Shrank, W. (2013). The Center For Medicare And Medicaid Innovation's blueprint for rapid-cycle evaluation of new care and payment models. Health Affairs (Project Hope), 32(4), 807–812. http://dx.doi.org/10.1377/hlthaff.2013.0216



Montana Offers Innovative Virtual School Nutrition Leadership Institute During COVID-19

Sunday August 8th, 2021 2021 Society for Nutrition Education and Behavior Annual Conference

#SNEB2021: Raising Reliance and Resilience

Montana Team Nutrition



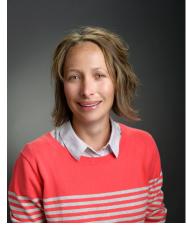
Gretchen Groves, RDN, LN School Nutrition Research Coordinator <u>Gretchen.groves@montana.edu</u>



Aubree Roth, MS Farm to School Coordinator <u>aubree.roth@montana.edu</u>



Katie Bark, RDN, LN, SNS Program Director <u>kbark@montana.edu</u>



Molly Stenberg, RDN, LN Assistant Director stenberg@montana.edu



Carmen Byker Shanks, PhD, RDN Social Scientist <u>cbykershanks@montana.edu</u>



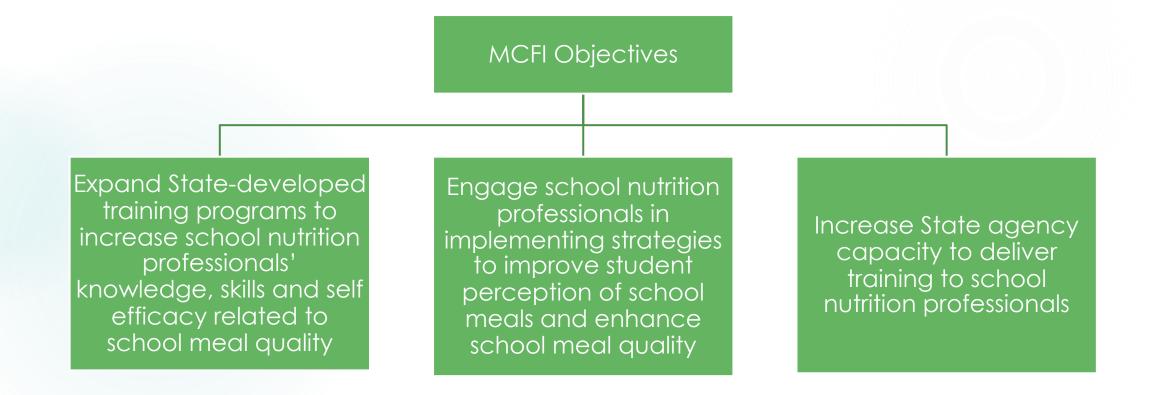


Nutrition Montana

Tracee Hume, BS Administrative Coordinator <u>Tracee.hume@montana.edu</u>

Montana Cook Fresh Initiative (MCFI)

A year long, comprehensive training program designed to support Montana school districts in serving fresh, nutritious meals designed to meet student/cultural preferences and include scratch cooked recipes made with Montana, regional, and USDA foods.



Montana Cook Fresh Leadership Institute

- School nutrition program management
 - USDA Child Nutrition program meal patterns, offer vs. serve and record keeping
 - Procurement and USDA Foods
- Essential culinary skills
 - Mise en place, knife skills and production planning
 - Soups, salads, and side dishes
 - Whole grain baking from scratch
 - Seasonings, spices and more
- Peer mentorship and networking
- Farm to school and Harvest of the Month
- Behavioral economics and smarter lunchrooms
- Local school wellness policy
- And more



"Unprecedented Times"

In March 2020, the COVID-19 pandemic resulted in school closures and travel restrictions in Montana and across the country.

GOVERNOR BULLOCK DIRECTS THE CLOSURE OF PUBLIC K-12 SCHOOLS FOR TWO WEEKS; STRONGLY RECOMMENDS SOCIAL DISTANCING MEASURES TO SLOW THE SPREAD OF COVID-19

Sunday, March 15, 2020 / Categories: Former Governors, Montana.gov / Tags:

Governor Steve Bullock today announced a set of directives and guidance to slow the spread of COVID-19 and protect vulnerable Montanans, including closing of public K-12 schools, social distancing measures, and limiting visitation at nursing home facilities

 Food and Nutrition Service
 COVID-19
 CONTACT US
 REPORT FRAUD
 ASK USDA
 USDA.GOV

 HOME
 DATA & RESEARCH
 GRANTS
 NEWSROOM
 RESOURCES
 OUR AGENCY
 PROGRAMS
 Image: Contact US
 Image:

COVID-19 Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs

Going Virtual: 2020 Montana Cook Fresh Leadership Institute

- ▶ Held over 10 days, with 3 hours per day (30 hours total)
- Live classes on Zoom and independent assignments via online learning management system
- Additional curriculum on emergency preparedness and alternative meal service



Thai grain bowl, (Legumes and Whole Grains Lesson) and whole grain biscuit (Whole Grain Baking Lesson)





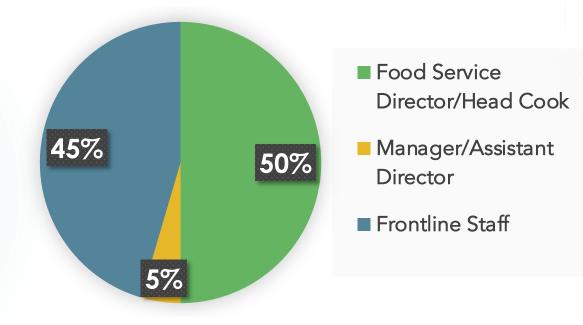
Knife Skills Lesson

#SNEB2021: Raising Reliance and Resilience

mes and Whole Scratch cooked chicken tortilla soup whole grain (Soups, Salads, and Side Dishes Baking Lesson) Lesson)

Participant Breakdown

- 22 school food service professionals from 9 school districts
- ▶ 8 of 9 school districts were considered rural
- I SFA on Native American Reservation



Evaluation Outcomes

From pre to post, participants reported promising increases in their comfort level and confidence in the following topics:

- Developing an emergency preparedness plan: +26.50%*
- Accurately completing a daily production record: +23.31%*
- > Using herbs and spices in a recipe: +20.48%*
- Farm to school and Harvest of the Month: +16.98%

*p<0.5



Flavors and Seasonings Lesson and roasted vegetable demonstration

Evaluation Outcomes



Fresh kale salad

Participants also reported an increased likelihood of performing the following behaviors during the next school year:

- Participate in remote professional development activities:
 +16.40%
- Use a new recipe that includes fresh or dried legumes:
 +13.71%

100% of participants agreed or strongly agreed with the post Institute evaluation statements:

"I feel more confident in my ability to participate in remote or distance professional development in the future."

"I increased my knowledge and skills on school nutrition rules and regulations."

Conclusion and Future Directions



How to: Brownie Batter Hummus MT Team Nutrition



How to: Overnight Black Forest Oats MT Team Nutrition



How to: Citrus Whole Grain Breakfast Bowl

MT Team Nutrition



How to: Roasted Chickpeas MT Team Nutrition



How to: Zesty Oat, Corn and Bean Salad MT Team Nutrition



How to: Falafel MT Team Nutrition

- The COVID19 pandemic amplified a pre-existing need for distance learning for school nutrition professionals in a large, rural state.
- The pre and post survey results for this training indicates that a virtual institute can achieve positive learning outcomes.
- Montana Team Nutrition looks forward to continuing to implement virtual learning strategies in future professional development activities.

Culinary videos made for the Institute can be found on the Montana Team Nutrition Youtube Channel

Acknowledgments

Thank you to the participating school districts and partners that made this Institute possible. School nutrition professionals in Montana and across the country worked tirelessly throughout this pandemic, often working under incredible stress and risk, to ensure children received nutritious and dependable meals. The impact that you have on our communities is immeasurable.

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Thank you!



For more questions, please contact: Gretchen Groves, RDN, LN Montana Team Nutrition Program 406 – 994 – 5996 gretchen.groves@montana.edu

Learn more about Montana Team Nutrition:

https://www.montana.edu/teamnutrition/

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A PREEMINENT RESEARCH UNIVERSITY Preliminary Efficacy of a Virtual Nutrition Intervention for Adolescents with Autism Spectrum Disorder

Acadia W. Buro, MS, CAS, Mikaela Strange, Syed Hasan, Heewon L. Gray, PhD, RDN



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Professional Affiliations

USF College of Public Health

Acknowledgments

Committee Members

- Heewon Gray, PhD, RDN
- Russell Kirby, PhD
- Jennifer Marshall, PhD
- Jamie Holloway, PT, DPT, PhD

Research Assistants

- Mikaela Strange
- Tiantian Pang, MPH
- Syed Hasan
- LaShae Rolle

- CARD-USF
- USF College of Public Health
- Research participants



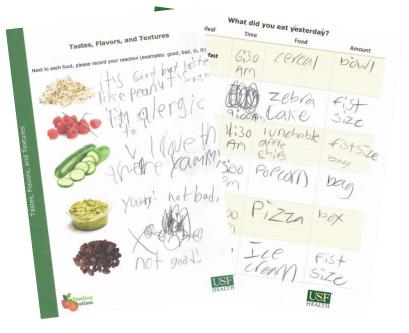


Preliminary Studies

- Needs for a healthy eating intervention
- Feasibility and acceptability of BALANCE in a school setting



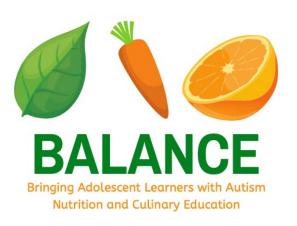
Findings from the School-Based Feasibility Study



- Sensory components
- Perceived benefits
 - Knowledge, self-efficacy, and outcome expectations
 - Eating habits

Objective

 To examine the preliminary efficacy of BALANCE, measured by differences in pre-/post-intervention means for psychosocial determinants of dietary intake, fruit and vegetable intake, added sugar intake, and BMI z-score.



Study Design, Sample, and Setting

- One-group pretest-posttest design
- 27 adolescents aged 12-20 years participated in the 8-week intervention via Microsoft Teams



Intervention

- 8 weekly 45-minute lessons
 - Brief homework assignments
- Weekly parent email handouts
- Three parent webinars



Lesson Topics

- 1. Exploring Taste, Flavor, and Texture
- 2. Mealtimes and Rules
- 3. Food Groups and Nutrients
- Moderation 4.
- 5. Beverages
- Cooking 6.
- 7. Well-being
- Sustaining Healthy Eating Habits 8.

LESSON 1: EXPLORING TASTE, FLAVOR, AND TEXTURE

Aim

Explore the role of taste, flavor, and texture in food preferences.

Objectives

- Discuss taste, flavor, and texture preferences.

- Demonstrate willingness to explore a new taste, flavor, or texture. - Plan to overcome barriers to exploring a different taste, flavor, or texture.

Overview

This lesson begins with a discussion of taste, flavor, and texture. Next, students will participate in an activity to assess preferences. The class will share foods and describe their tastes and textures, and students will be asked to identify flavors or textures that they like and do not like. Students will be asked to identify barriers to trying new flavors and textures. Finally, the class will come up with ideas to overcome barriers to trying

Preparation

1. Open the lesson booklet PDF so that you can share it with others during the lesson. 2. Cather materials: notebook or paper, markers, 1-2 example foods to discuss different tastes and textures (e.g. berries, crackers, nuts, carrots), a bowl or plate, and napkins or

Procedure (45 min)

Introduction (5 min)

Ask everyone to practice using the "raise hand." "mute," and "unmute" features in Microsoft Teams while you are waiting for everyone to join the session. Once everyone has joined, ask everyone to introduce themselves. As an ice breaker, ask each student what their favorite food is. Have the class list examples of flavors and textures and come up with example foods for each one. Share the lesson booklet page 3 and read some keywords for visual and verbal prompts.

Sharing foods (30 min)

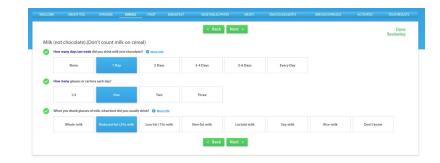
Ask how many student set up their tasting session. Tell students that we will let each person share and taste the food they prepared. Start by sharing the food that you brought and describe its taste and texture. Show the foods and describe their taste or texture. Ask the students to share the food they brought, referring to lesson booklet page 3 if anyone needs help thinking of words to describe taste or texture. Ask students if they like the foods that are being shared.





Outcome Measures

- Psychosocial determinants
 - Social cognitive theory-based survey
- Dietary intake
 - Block Kids Food Frequency Questionnaire
- Height and weight
 - Ruler and scale (virtual instruction)

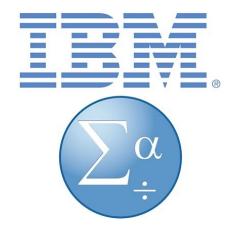


In the past THREE MONTHS ...

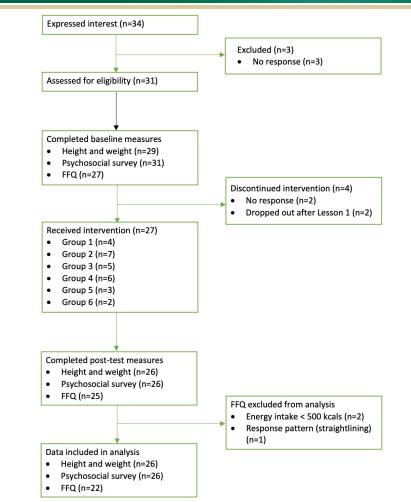
	Strongly Disagree	Disagree	Disagree Slightly	Agree Slightly	Agree	Strongly Agree
At home, there were healthy snacks available to eat.	0	0	0	0	0	0
At home, there were healthy drinks available (e.g. water, milk, 100% fruit juice).	0	0	0	0	0	0
At home, fruit was always available to eat (including fresh, canned, or dried fruit).	0	0	0	0	0	0
At home, vegetables were always available to eat (including fresh, frozen, or canned vegetables).	0	0	0	0	0	0

Analysis

- Descriptive statistics
- Wilcoxon signed-ranked tests
- McNemar's test



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Flow of the Study

Participants (n=27)

- Aged **12-20 years** (mean 15 years)
- 74.1% male
- 63% White, 15% Hispanic or Latino, 11% Multiracial,
 7% Black or African American, 4% Asian
- 44% were homeschooled
- Most common comorbidity: **ADHD** (78%)
- Nearly half (48%) had household income \geq \$75,000
- 96% of participants had high social communication skills (mean > 2 out of 4)

Lessons Attended Per Student

Group	Mean	Min	Max
Group 1	6.8	6	7
Group 2	6.9	4	8
Group 3	6.8	5	8
Group 4	7.4	6	8
Group 5	7	5	8
Group 6	7.5	7	8
Total	7.1	4	8

Psychosocial Determinants

Characteristic (Values)	Number of Questions	N	Baseline Mean (SD)	Post-intervention Mean (SD)	p-value
Behavioral strategies ^a (1-5)	6	26	2.7 (0.5)	3.1 (0.6)	0.010*
Situation ^b (1-6)	4	26	5.3 (0.8)	5.4 (0.7)	0.407
Social support ^a (1-5)	5	26	4.1 (0.7)	3.9 (0.7)	0.372
Self-efficacy ^b (1-6)	7	26	3.3 (1.0)	4.0 (0.9)	0.001***
Outcome expectations ^b (1-6)	5	25	4.9 (0.8)	5.4 (0.8)	0.009**
Outcome expectancies ^b (1-6)	5	26	3.3 (0.5)	3.3 (0.5)	0.935
Intentions ^c (1-4)	5	26	2.6 (0.8)	3.0 (0.7)	0.077

^aResponse options: Never, Rarely, Sometimes, Often, Always; ^bResponse options: Strongly disagree, Disagree, Disagree slightly, Agree slightly, Agree, Strongly agree; ^cResponse options: Not at all true of me, Not very true of me, Somewhat true of me, Very true of me

Dietary Intake

Characteristic	Ν	Baseline Mean (SD)	Post-intervention Mean (SD)	p-value
Energy (kcal)	22	1740.9 (629.5)	1481.4 (408.2)	0.022*
Added sugar (tsp equivalents)	22	11.4 (5.2)	9.2 (5.2)	0.026*
Total fruit (cups)	22	1.8 (1.6)	1.6 (1.4)	0.211
Total vegetables (cups)	22	1.1 (0.6)	1.0 (0.5)	0.615

Anthropometric Measures

Characteristic	Ν	Baseline Mean (SD)	Post-intervention Mean (SD)	p-value
BMI	26	22.2 (5.3)	21.8 (5.1)	0.061
BMI percentile	25	54.8 (34.2)	52.1 (34.2)	0.013*
BMI z-score	25	0.3 (1.3)	0.2 (1.3)	0.010*
		Prevalence	Prevalence	p-value
		n (%)	n (%)	p value

Summary of Results

- The findings suggest that BALANCE may improve some psychosocial determinants of dietary intake immediately after the 8-week intervention
- The results are also promising regarding dietary intake and BMI z-score

Limitations

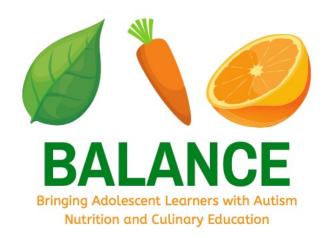
- Generalizability
- No follow-up
- Self-report bias
- Recall bias

Strengths

- Theory-based
- Novel intervention
- Preliminary research
- Virtual setting

Next Steps

 Future research should examine efficacy of the intervention compared to a control group and include follow-up measures to detect long-term outcomes of the intervention



References

- 1. Maenner, M. J., Shaw, K. A., Baio, J., Washington, A., Patrick, M., DiRenzo, M., Christensen, D. L., Wiggins, L. D., Pettygrove, S., Andrews, J. G., Lopez, M., Hudson, A., Baroud, T., Schwenk, Y., White, T., Rosenberg, C. R., Lee, L., Harrington, R. A., Huston, M.,...Dietz, P. M. (2020). Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years—Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2016. MMWR. Surveillance Summaries, 69. <u>https://doi.org/10.15585/mmwr.ss6904a1</u>
- Kahathuduwa, C. N., West, B. D., Blume, J., Dharavath, N., Moustaid-Moussa, N., & Mastergeorge, A. (2019). The risk of overweight and obesity in children with autism spectrum disorders: A systematic review and meta-analysis. Obesity Reviews: An Official Journal of the International Association for the Study of Obesity. http://dx.doi.org/10.1111/obr.12933
- 3. Mari-Bauset, S., Zazpe, I., Mari-Sanchis, A., Llopis-González, A., & Morales-Suárez-Varela, M. (2014). Food selectivity in autism spectrum disorders: A systematic review. Journal of Child Neurology, 29(11), 1554–1561. https://doi.org/10.1177/0883073813498821
- 4. Sharp, W. G., Berry, R. C., McCracken, C., Nuhu, N. N., Marvel, E., Saulnier, C. A., Klin, A., Jones, W., & Jaquess, D. L. (2013). Feeding problems and nutrient intake in children with autism spectrum disorders: A meta-analysis and comprehensive review of the literature. *Journal of Autism and Developmental Disorders*, 43(9), 2159–2173. <u>https://doi.org/10.1007/s10803-013-1771-5</u>
- 5. Dreyer Gillette, M. L., Borner, K. B., Nadler, C. B., Poppert, K. M., Odar Stough, C., Swinburne Romine, R., & Davis, A. M. (2015). Prevalence and Health Correlates of Overweight and Obesity in Children with Autism Spectrum Disorder. Journal of Developmental and Behavioral Pediatrics: JDBP, 36(7), 489–496. https://doi.org/10.1097/DBP.000000000000198
- 6. Cohen, S., Conduit, R., Lockley, S. W., Rajaratnam, S. M., & Cornish, K. M. (2014). The relationship between sleep and behavior in autism spectrum disorder (ASD): A review. Journal of Neurodevelopmental Disorders, 6(1), 44. https://doi.org/10.1186/1866-1955-6-44
- 7. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (DSM-5®). American Psychiatric Association.
- 8. Mattes, R., & Foster, G. D. (2014). Food environment and obesity. Obesity (Silver Spring, Md.), 22(12), 2459–2461. https://doi.org/10.1002/oby.20922
- 9. Penney, T. L., Almiron-Roig, E., Shearer, C., McIsaac, J.-L., & Kirk, S. F. L. (2014). Modifying the food environment for childhood obesity prevention: Challenges and opportunities. The Proceedings of the Nutrition Society, 73(2), 226–236. https://doi.org/10.1017/S0029665113003819
- 10. Via, M. (2012). The Malnutrition of Obesity: Micronutrient Deficiencies That Promote Diabetes. ISRN Endocrinology, 2012. https://doi.org/10.5402/2012/103472
- 11. Zimmer, M. H., Hart, L. C., Manning-Courtney, P., Murray, D. S., Bing, N. M., & Summer, S. (2012). Food Variety as a Predictor of Nutritional Status Among Children with Autism. Journal of Autism and Developmental Disorders, 42(4), 549–556. https://doi.org/10.1007/s10803-011-1268-z
- 12. Farr, J. N., & Dimitri, P. (2017). The Impact of Fat and Obesity on Bone Microarchitecture and Strength in Children. Calcified Tissue International, 100(5), 500–513. https://doi.org/10.1007/s00223-016-0218-3
- 13. Marshall, J., Sheller, B., & Mancl, L. (2010). Caries-risk assessment and caries status of children with autism. Pediatric Dentistry, 32(1), 69–75.
- 14. Barnhill, K. M., Devlin, M., & Hewitson, L. (2019). Bone Health and BMD Research in Pediatric and Adolescent Individuals with ASD: Current Data, Evaluation, and Next Steps. Clinical Reviews in Bone and Mineral Metabolism
- 15. Maruvada, P., Leone, V., Kaplan, L. M., & Chang, E. B. (2017). The Human Microbiome and Obesity: Moving beyond Associations. Cell Host & Microbe, 22(5), 589–599. https://doi.org/10.1016/i.chom.2017.10.005
- 16. Fowlie, G., Cohen, N., & Ming, X. (2018). The Perturbance of Microbiome and Gut-Brain Axis in Autism Spectrum Disorders. International Journal of Molecular Sciences, 19(8). https://doi.org/10.3390/iims19082251
- 17. Dixon, J. B. (2010). The effect of obesity on health outcomes. Molecular and Cellular Endocrinology, 316(2), 104–108. https://doi.org/10.1016/j.mce.2009.07.008
- 18. Llewellyn, A., Simmonds, M., Owen, C. G., & Woolacott, N. (2016). Childhood obesity as a predictor of morbidity in adulthood: A systematic review and meta-analysis. Obesity Reviews, 17(1), 56–67. https://doi.org/10.1111/obr.12316
- 19. Sharp, W. G., Burrell, T. L., & Jaquess, D. L. (2014). The Autism MEAL Plan: A parent-training curriculum to manage eating aversions and low intake among children with autism. *Hutism: The International Journal of Research and Practice*, 18(6), 712–722. https://doi.org/10.1177/1362361313489190
- 20. Marshall, J., Hill, R. J., Ware, R. S., Ziviani, J., & Dodrill, P. (2015). Multidisciplinary intervention for childhood feeding difficulties. Journal of Pediatric Gastroenterology and Nutrition, 60(5), 680–687. https://doi.org/10.1097/MPG.000000000000669
- 21. Tanner, A., & Andreone, B. E. (2015). Using graduated exposure and differential reinforcement to increase food repertoire in a child with autism. Behavior Analysis in Practice, 8(2), 233–240. https://doi.org/10.1007/s40617-015-0077-9
- 22. Cosbey, J., & Muldoon, D. (2017). EAT-UPTM Family-Centered Feeding Intervention to Promote Food Acceptance and Decrease Challenging Behaviors: A Single-Case Experimental Design Replicated Across Three Families of Children with Autism Spectrum Disorder. Journal of Autism and Developmental Disorders, 47(3), 564–578. https://doi.org/10.1007/s10803-016-2977-0
- 23. Miyajima, A., Tateyama, K., Fuji, S., Nakaoka, K., Hirao, K., & Higaki, K. (2017). Development of an Intervention Programme for Selective Eating in Children with Autism Spectrum Disorder. Hong Kong Journal of Occupational Therapy: HKJOT, 30(1), 22–32. https://doi.org/10.1016/j.hkjot.2017.10.001
- 24. Muldoon, D., & Cosbey, J. (2018). A Family-Centered Feeding Intervention to Promote Food Acceptance and Decrease Challenging Behaviors in Children With ASD: Report of Follow-Up Data on a Train-the-Trainer Model Using EAT-UP. American Journal of Speech-Language Pathology, 1–10. https://doi.org/10.1044/2017_AJSLP-17-0105
- 25. Panerai, S., Suraniti, G. S., Catania, V., Carmeci, R., Elia, M., & Ferri, R. (2018). Improvements in mealtime behaviors of children with special needs following a day-center-based behavioral intervention for feeding problems. Rivista Di Psichiatria, 53(6), 299–308. https://doi.org/10.1708/3084.30763
- 26. Pona, A. A., Dreyer Gillette, M. L., Odar Stough, C., Gerling, J. K., & Sweeney, B. R. (2017). Long-Term Outcomes of a Multidisciplinary Weight Management Intervention for Youth with Disabilities. Childhood Obesity, 13(6), 455–461. https://doi.org/10.1089/chi.2016.0334
- 27. Ptomey, L. T., Sullivan, D. K., Lee, J., Goetz, J. R., Gibson, C., & Donnelly, J. E. (2015). The use of technology for delivering a weight loss program for adolescents with intellectual and developmental disabilities. *Journal of the Academy of Nutrition and Dietetics*, *115*(1), 112–118. https://doi.org/10.1016/j.jand.2014.08.031
- 28. Hinckson, E. A., Dickinson, A., Water, T., Sands, M., & Penman, L. (2013). Physical activity, dietary habits and overall health in overweight and obese children and youth with intellectual disability or autism. Research in Developmental Disabilities, 34(4), 1170–1178. https://doi.org/10.1016/j.ridd.2012.12.006
- 29. Gillette, M. L. D., Stough, C. O., Beck, A. R., Maliszewski, G., Best, C. M., Gerling, J. K., & Summar, S. (2014). Outcomes of a weight management clinic for children with special needs. Journal of Developmental and Behavioral Pediatrics: JDBP, 35(4), 266–273. https://doi.org/10.1097/DBP.000000000000055
- 30. An, J., DuBose, K. D., Decker, J. T., & Hatala, L. E. (2019). A school-based mentoring program developing healthy behaviors of adolescents with intellectual and developmental disabilities: A pilot feasibility study. Disability and Health Journal, 12(4), 727–731. https://doi.org/10.1016/i.dhio.2019.03.012
- Kuypers, L. (2020). The Zones of Regulation. <u>http://www.zonesofregulation.com</u>
- 32. Shrank, W. (2013). The Center For Medicare And Medicaid Innovation's blueprint for rapid-cycle evaluation of new care and payment models. Health Affairs (Project Hope), 32(4), 807–812. http://dx.doi.org/10.1377/hlthaff.2013.0216
- 33. Cullen, K. W., Watson, K., & Zakeri, I. (2008). Relative reliability and validity of the Block Kids Questionnaire among youth aged 10 to 17 years. Journal of the American Dietetic Association, 108(5), 862–866. https://doi.org/10.1016/j.jada.2008.02.015
- 34. Dewar, D. L., Lubans, D. R., Plotnikoff, R. C., & Morgan, P. J. (2012). Development and evaluation of social cognitive measures related to adolescent dietary behaviors. International Journal of Behavioral Nutrition and Physical Activity, 9(1), 36. https://doi.org/10.1186/1479-5868-9-36