BACKGROUND
- Early care and education settings provide a unique opportunity to promote healthy eating habits.
- Few nutrition interventions have been developed for use in early care and education settings. As a result, we knew little about factors that influence nutrition intervention implementation in these settings.
- The purpose of this study was to explore factors that influence implementation of Harvest for Healthy Kids, a community-based participatory research project designed to increase fruit and vegetable intake among low-income preschoolers in a Head Start program in Portland (OR).

CURRICULUM DESCRIPTION
- Harvest for Healthy Kids is the work of a community-academic partnership between the School of Community Health at Portland State University and Mt. Hood Community College Head Start (MHCC).
- The intervention was modeled after “farm-to-school” efforts in K-12 schools, which promote healthy eating habits and a vibrant and resilient regional food system.
- One regionally grown fruit or vegetable is featured each month in meals, classroom activities, a family newsletter.
- Featured foods include: beets, carrots, winter root vegetables (rutabaga, turnip, parsnip), cabbage, asparagus, winter squash, berries, sweet potatoes.
- Harvest for Healthy Kids modules include: lesson plans (cooking, art, planting, literacy), “fast and fun” activities, fruit and vegetable promotion intervention for preschoolers in Head Start.
- Table 1. Subscale means and standard deviations (SD) pre- and post-intervention of questions used to assess teacher perceptions of factors that influence implementation of Harvest for Healthy Kids.

DATA ANALYSES
- Prior to creating summary variables across each of the subscales, questions were reversed so that positive numbers always aligned with favorable responses and negative numbers aligned with unfavorable responses.
- Within each subscale category, summary variables were created by taking the average response across the questions within that category for each individual.
- Descriptive statistics (means and standard deviations) were calculated for each summary variable pre-intervention and post-intervention.

RESULTS
- The mean score pre- and post-intervention for the acceptability, understanding, and feasibility subscales was 1.00. The mean score pre-intervention for the systems support scale was 0.50; the mean score post-intervention was -0.13. Findings are presented in Table 2.

DISCUSSION
- The teachers perceived Harvest for Healthy Kids to be an acceptable, easy to understand, and feasible nutrition intervention.
- Before the intervention period but after the training, the teachers perceived Harvest for Healthy Kids as needing less systems support than after the intervention period.
- Several study limitations should be considered when interpreting these results. First, the sample size was small. Therefore, it is not possible to generalize the results beyond the 8 teachers who participated in this study.
- Second, the URP-I does not provide context to teacher perceptions of Harvest for Healthy Kids. For example, what kind of support from administrators would make it easier to implement Harvest for Healthy Kids?
- Third, the URP-I provides information about teacher perceptions of factors that influence intervention implementation but does not provide information about actual implementation.
- Fourth, Harvest for Healthy Kids is a multi-component program. Therefore, it is not clear whether teacher perceptions reflect specific activities or the program as a whole.

NEXT STEPS
- Harvest for Healthy Kids will be implemented in 5 MHCC Head Start classrooms in fall 2013.
- Teachers will participate in a Harvest for Healthy Kids pre-service training and peer-to-peer sharing.
- Additional resources to support curriculum implementation include: curriculum (including picture cards); fruits and vegetables for sensory exploration; cooking tools.