

Himberg-Sundet, A. et al. (2018) Is the environment in kindergarten associated with the vegetables served and eaten? The BRA Study. *Scandinavian Journal of Public Health*

Link to published article: https://doi.org/10.1177/1403494818756702

(Access to content may be restricted)



UiS Brage http://brage.bibsys.no/uis/

This version is made available in accordance with publisher policies. It is the author's last version of the article after peer-review, usually referred to as post-print. Please cite only the published version using the reference above.



ORGINAL ARTICLE

Is the environment in kindergarten associated with vegetables served and eaten? The BRA Study

Anne Himberg-Sundet¹, Anne Lene Kristiansen¹, Mona Bjelland¹, Thomas Moser², Asle Holthe³,

Lene F Andersen¹ & Nanna Lien¹

¹Department of Nutrition, Faculty of Medicine, University of Oslo, Norway ²Department of Educational Science, Faculty of Humanities, Sports and Educational Science, University College of Southeast Norway, Norway ³Faculty of Education, Western Norway University of Applied Science, Norway

Corresponding author: Anne Himberg-Sundet, Department of Nutrition, Faculty of Medicine, University of Oslo, PO Box 1046 Blindern, N-0316 Oslo, Norway. E-mail: Anne.Himberg-Sundet@medisin.uio.no

1 Abstract

2	Aim: The aim of the present study was to explore the associations between the economic, political,
3	sociocultural and physical environments in the kindergartens, along with frequency and variety of
4	vegetables served and amount of vegetables eaten. Method: The BRA Study collected data through two
5	paper-based questionnaires answered by the kindergarten leader and pedagogical leader and a 5-day
6	vegetable diary from kindergartens (N 73) in Vestfold and Buskerud Counties, Norway. The
7	questionnaires assessed environmental factors and frequency and variety of vegetables served. The
8	non-parametric tests Mann-Whitney U and Kruskal-Wallis were used to explore associations between
9	factors in the kindergarten environments and vegetables served and eaten. Results: Kindergartens that
10	included expenditures for food and beverages in the parental fees served a larger variety of vegetables
11	(p 0.046). A higher frequency of served vegetables (p 0.014) and a larger amount (p 0.027) of vegetables
12	eaten were found in kindergartens where parents paid a monthly fee of 251 NOK or more. Similarly, the
13	amount of vegetables eaten was higher (p 0.017) in kindergartens where the employees paid a monthly
14	fee to eat at work. Furthermore, a larger amount (p 0.046) of vegetables was eaten in kindergartens
15	that had written guidelines for food and beverages that were offered. Conclusion: This study indicates
16	that the economic environment in the kindergarten seems to be positively associated with vegetables
17	served and eaten in the kindergarten. This is of high relevance for public health policy as vegetable
18	consumption is an important factor in reducing the risk of non-communicable diseases.

19

20 21 K

21 Keywords

22 Kindergarten, vegetables, preschool children, BRA Study, environment, Norway, political, economic,

23 sociocultural, physical

24 Introduction

25 Vegetable consumption is an important factor in reducing the risk of non-communicable 26 diseases (NCDs) such as type-2 diabetes, cardiovascular diseases and cancer¹. The inadequate 27 intake of vegetables is a public health problem and can be a contributive factor to increased 28 morbidity². According to the OECD (2012), only 63% of the European population ate 29 vegetables daily in 2008 and availability was the major determinant of consumption². This 30 highlights the importance of improved access to vegetables in the different daily contexts for 31 both children and adults. Early prevention of NCDs is important and emphasized by health authorities at all levels ³⁻⁵. The national recommendation for adults in Norway is 250 grams of 32 vegetables per day ⁶. Among Norwegian 2 and 4 year olds the intake is roughly 50-70 grams 33 daily ^{7, 8}. 34

35	Obesity-related behaviors such as dietary intake seem to carry over from childhood into
36	adulthood ⁹ . Children learn by observing others and their surroundings, they are constantly
37	developing and adapting, and the people and environment that surround them will have
38	influence on their development ¹⁰ . Food preferences appear to be more modifiable during early
39	childhood ¹¹ , hence targeting children's dietary habits during this period is important.
40	Norwegian kindergartens are institutions for all children in the age group 1-5 years. The
41	kindergartens are regulated by law and have a framework plan for the content and tasks ¹⁰ .
42	Formal education is required in order to be employed as a pedagogical or kindergarten leader.
43	In general, kindergartens are open from approximately 7:30 am until 5:00 pm from Monday

44 through Friday. Meals are either brought from home (lunch box), provided by the 45 kindergarten, or else a combination. There are normative national guidelines for food and 46 meals served in kindergarten, which specify that the kindergarten should serve or provide for 47 at least two meals a day that are in line with national dietary guidelines ¹². According to the 48 guidelines for food and meals, the kindergarten has a responsibility to contribute to teaching children healthy dietary habits ¹⁰. National dietary surveys in Norwegian kindergartens 49 conducted in 2005 and 2011^{13 14} reported low availability of vegetables in the kindergartens. 50 However, with a 91% attendance rate¹⁵ kindergartens have the potential to reach many 51 52 children and their families. 53 According to the ANGELO framework, factors within the kindergarten environment can be 54 characterized as economic factors (i.e., resources related to buying vegetables), political 55 factors (guidelines and rules related to vegetables), sociocultural factors (i.e. values and 56 behavior related to vegetables), and physical factors (i.e. what can hinder or enable availability of vegetables)¹⁶. With regard to economic resources, a review including observational and 57 58 intervention studies focusing on children aged 4-8 years and using the ANGELO framework, 59 found no results of studies assessing economic factors ¹⁷. As for political factors, policy 60 recommendations and written guidelines are not necessarily enough to ensure adequate nutrition in the child care settings¹⁸. However, Norwegian kindergarten leaders have previously 61

reported that the two most important factors to secure healthy meals in kindergarten are to

follow the national dietary guidelines and include them in their annual plans^{12, 14}. Finally,

62

64	regarding the sociocultural and physical factors, a previous study has found positive
65	associations between the sociocultural and physical environments and the mealtime setting in
66	child care services in the Netherlands ¹⁹ . In addition, a review conducted by Holley et al. (2017)
67	found a positive effect of repeated exposure to increase vegetable intake in children aged 2-5
68	years, while for social factors the results were contradictory ²⁰ . A small Norwegian qualitative
69	case study found that the physical environment was of great importance for the quality of the
70	food and meals served by the kindergartens ²¹ .
71	The aim of the present study was to explore the associations between economic, political,
72	sociocultural and physical environmental factors in the kindergartens, and the frequency and
73	variety of vegetables served as well as amount of vegetables eaten.

74

75 Method

76 Study design and subjects

77 Baseline data from the BRA Study (Barnehage (kindergarten), gRønnsaker (vegetables) and 78 fAmilie (family)) are used in the present study. The BRA Study is a cluster randomized 79 controlled intervention study with an overall aim to improve vegetable intake among 80 preschool children (3-5 years at baseline) through changing the food environment and dietary 81 practices in the kindergarten and at home. More specifically, the aim is to increase the daily 82 frequency of vegetable intake, the variety of vegetables eaten over a month, and the daily

83 amount of vegetables consumed. The target group for the BRA Study is preschool children 84 born in 2010 and 2011, attending public or private kindergartens in the counties of Vestfold 85 and Buskerud, Norway. In fall and winter 2014/2015, all 479 public and private kindergartens 86 in these two counties were invited by letter to participate in the study, of which 73 87 kindergartens accepted (15.2% response rate). Within the 73 kindergartens, departments with 88 children born in 2010 or 2011 were eligible for the study and 135 departments agreed to 89 participate (Figure I). 90 Data was collected by several instruments: 1) a paper-based questionnaire (Questionnaire A) 91 assessing frequency and variety of vegetables served was answered by pedagogical leaders in 92 115 of the 135 departments (86%), 2) a paper-based guestionnaire (Questionnaire B) assessing 93 the kindergarten environment was filled in by the kindergarten leaders, where 69 of 73 leaders 94 responded (95%), and 3) amount of vegetables eaten was assessed by a 5-day vegetable diary 95 completed by employees in 122 of the 135 departments (90%) (Figure I). Few instruments 96 have focused solely on factors affecting vegetables served and the frequency and variety of 97 vegetables served to preschool children, and no instrument was identified suiting the purpose 98 of this study. Therefore, modified items from statements and questions used in the last national dietary survey in kindergartens¹⁴ and the last dietary survey among Norwegian 2 year 99 100 olds⁷ were included in the BRA questionnaires. The questions are not tested for reliability or 101 validity.

103 Data collection

- 104 (1) Vegetables served and eaten Questionnaire A and 5-day vegetable diary
- 105 Questionnaire A was piloted among eleven pedagogical leaders. Small adjustments were
- 106 made after feedback. In March 2015, Questionnaire A was mailed to all the participating
- 107 kindergartens (n 73) and returned in a pre-paid envelope. One mailed reminder was sent with
- 108 the questionnaire enclosed.
- 109

110 Frequency of served vegetables for lunch and the afternoon meal was assessed through two 111 separate questions: "How often does your department offer vegetables for lunch/the 112 afternoon meal?". The response alternatives were on a seven-point scale ranging from "five 113 days a week" to "never". Variety of vegetables served for lunch and afternoon meal was 114 assessed through two separate questions: "How often does your department offer these 115 vegetables for lunch/afternoon meal?". Twelve vegetable alternatives were given with the 116 same response categories as mentioned above. 117 For the 5-day vegetable diary, all kindergartens were given a digital kitchen scale (EKS – 118 Electronic Kitchen Scale, capacity: 5kg, graduation: 1g). One employee from each department 119 received face-to-face instruction on how to measure and report the amount of vegetables 120 eaten in the 5-day vegetable diary. The employees were asked to weigh the vegetables before 121 each meal and to weigh the leftovers after the meal, and to report the number of children and 122 employees eating at each meal. They were encouraged to report five consecutive days in order 123 to assess a typical week. Data from the lunch and the afternoon meals are presented as 124 amount of vegetables consumed per person per day. A protocol was developed on how to 125 interpret missing data. The two main types of missing data were the number of children and 126 employee eating, and whether the vegetables were "ready-to-eat" or not. If the diaries had 127 data from 50% of the meals regarding number of children and employee eating, then a mean number was calculated to replace missing data. Diaries with data of less than 50% were 128 129 registered as missing. Diaries with missing data for "Are the vegetables ready-to-eat?" were 130 assumed to be "ready-to-eat".

131 (2) Factors in the kindergarten environment – Questionnaire B

132 Questionnaire B was piloted with two kindergarten leaders. Only minor revisions were made 133 after the pilot test. Most of the questions were from the last national dietary survey in 134 Norwegian kindergartens ¹⁴. In this paper, questions describing four aspects of the 135 kindergarten environment were used: the economic, political, sociocultural and physical 136 environments. In all questions where a 5-point Likert scale was used, the scale is collapsed into 137 three categories: "Agree, Neither, Disagree" or "Small, Neither, Large", and two of 138 "Small/Neither, Large". The economic environment was assessed through five questions as 139 shown in Table II, the political environment through four questions as shown in Table III, while 140 the sociocultural environment was evaluated through two questions shown in Table IV. In this 141 Table the factor that covers "to what degree different mealtime pedagogics are emphasized in 142 the training of new employees" is based on eight items summed from one to eight and 143 thereafter grouped into "low" (0-3) "average" (4-5) and "high" (6-8). The physical

144	environment was assessed through three questions as shown in Table V. The item pool used to
145	assess barriers was composed of modified versions of statements used in an American study
146	among parents of preschool children ²² . For the question regarding "How many have the
147	primary responsibility to" in Table V, the number of persons for each task was collapsed into
148	"1 person" or "more than 1 person". In this study the physical environment has not measured
149	availability of vegetables but rather the barriers for serving vegetables and how many
150	employees are responsible for planning and organizing the food.
151	
152	Statistical analysis
153	Statistical analyses were performed using the statistical software package IBM®
154	SPSS [®] Statistics Version 24.0. Data on frequency and variety (Questionnaire A) in addition to
155	data on amount of vegetables served (5-day vegetable diary) were aggregated to the
156	kindergarten level as the data on the kindergarten environment were collected at an
157	institutional level and not at the department level (Questionnaire B). Shapiro-Wilk was used to
158	test for normality. Due to data not being normally distributed, the non-parametric tests
159	Mann-Whitney U and Kruskal-Wallis were used to test for differences between groups.
160	
161	Results
162	According to Statistics Norway, there were a total of 568 ¹⁵ kindergartens in Vestfold and
163	Buskerud Counties in 2014 (Table Ia), of which 41% were public and 59% were private

164 kindergartens. In the BRA Study, 45% were public and 55% were private kindergartens. 165 Kindergartens in Vestfold and Buskerud had a mean of 12.5 fulltime equivalents, and a mean 166 of 4.1 employees with the formal education to work as a pedagogical or kindergarten leader. 167 In the kindergartens in the BRA Study the means were 13.9 fulltime equivalents and 5.9 with formal education. Furthermore, 47% of kindergartens in these counties were registered as 5-a-168 169 day fruit and vegetable kindergartens compared with 41 % of the BRA kindergartens. Only 170 fulltime public and private kindergartens were included due to these being the most common 171 child care institutions in Norway. Therefore, the invitation to participate was sent to 479 of the 172 568 kindergartens.

The number of kindergartens providing data from the pedagogical leader (Questionnaire A)
and the kindergarten leader (Questionnaire B) was 66, while 66 kindergartens had data from
the kindergarten leader (Questionnaire B) and the 5-day vegetable diary. The number of
kindergartens with data from all three sources (Questionnaire A, Questionnaire B and 5-day
vegetable diary) was 63 (86% of the 73 kindergartens).

178 Vegetables served and eaten

The median variety of served vegetables was eight per month, the median frequency of vegetables served was 6.3 times per week, and the median intake of vegetables consumed per person per day was 36 grams (Table Ib). A higher frequency of vegetables served was found in kindergartens where children consumed 30.1g vegetables or more per day, compared to those kindergartens where children consumed 30g or less per day (Table Ib). 184 Associations between the kindergarten environment and vegetables served and eaten 185 In the economic environment three out of nine factors were associated with variety of 186 vegetables served, one out of nine factors was associated with frequency of vegetables served, 187 and three out of nine factors were associated with amount of vegetables eaten (Table II). 188 Kindergartens with food and beverages covered through parental fee had a larger variety of 189 vegetables served per month. However, the variety was also larger in the seven kindergartens 190 that did not ask for additional payment from the parents to cover food and beverage 191 expenses. In kindergartens where parents paid an additional amount of >251 NOK to cover 192 food supplies, a higher frequency of vegetables served and a larger amount of vegetables 193 consumed were observed. In kindergartens where the leaders agreed that they could use the 194 budget as they wished, a larger amount of vegetables consumed was observed compared to 195 kindergartens where leaders answered "neither" or "disagree". Those who answered "agree" 196 or "neither" to the same question had a larger variety of vegetables compared to those who 197 answered "disagree". In the kindergartens where the employees paid a monthly fee for food 198 and beverages, a larger amount of vegetables was consumed (Table II).

199 For the political environment one out of six factors was associated with frequency of

200 vegetables served, and one out of six factors was associated with amount of vegetables eaten

201 (Table III). In kindergartens that had written guidelines for food and beverages offered, the

- 202 children consumed a larger amount of vegetables. However, kindergartens with "written
- 203 guidelines for food and beverages brought *from home*" had lower frequency of vegetables

served. For the physical environment one out of ten factors was associated with frequency of
vegetables served. Frequency of served vegetables was highest among those who "agreed" to
the statement "I do not buy vegetables because they are too expensive" compared to those
that "disagreed" or answered "neither" (Table IV). No significant associations were found with
the sociocultural environment (Table V).

209

210 Discussion

This study indicates that more factors in the economic environment were important for the served and eaten vegetables in the kindergartens than factors in the political, physical and sociocultural environments.

214 The economic environment

215 The Norwegian government has established a maximum parental fee independent of whether 216 the kindergarten is under public or private ownership²³. However, most kindergartens ask for additional payment to cover expenses for food and beverages¹⁴. This was also shown for 59 217 out of 66 kindergartens in our study. In line with previous research¹⁴ our results showed that 218 219 having a larger food budget or perceiving to have budgetary freedom contributed to 220 kindergartens buying and serving more vegetables. Kindergartens with more than NOK 251 in 221 additional payment had a larger frequency of vegetables served and a higher amount of 222 vegetables eaten compared to those with additional payment of less than NOK 251.

223 Unexpectedly, those kindergartens that did not ask for such additional payment had a larger 224 variety in vegetables served compared to those that did ask for additional payment. This may 225 indicate that it is not only the economic resources that matter when buying and serving 226 vegetables. Our results showed that in 53 out of 62 kindergartens, the employees paid a monthly fee for food and beverages, and also in these kindergartens a larger amount of 227 228 vegetables was eaten. The higher amount of vegetables eaten may be explained by adults 229 eating with the children and thus contributing to a larger average amount of vegetables eaten. Another explanation might be the positive effect of modelling²⁰, or by children eating more 230 231 when the staff eats together with them¹⁹. 232 For the associations found in the economic environment one may conclude that increasing the 233 additional payment for food might be a good strategy. On the other hand, this strategy might 234 increase social inequalities by lower socio-economic groups opting for kindergartens with a 235 lower additional payment for food. Taking into consideration experience from other Nordic countries, the Finnish kindergarten setting is guite unique²⁴ with both nutrition specific 236 237 guidelines and all meals included in the maximum parental fee²⁵. Still, research points to low 238 vegetable intake among children in kindergartens in Finland^{24, 26}. These findings can imply that 239 vegetable consumption may be affected by other factors than economy as well^{24, 25}. Freedom 240 when setting up the food budget was also associated with a larger variety of vegetables served 241 and a larger amount of vegetables eaten. An explanation for this might be that the 242 kindergarten leaders participating in this study are more personally interested in providing 243 healthy food and this budgetary freedom enables them to act upon it.

244 The political environment

245	In the present study, having written guidelines for meals served in the kindergartens was
246	positively associated with vegetable consumption. This is in line with the national survey,
247	where more fresh vegetables were served in kindergartens with written guidelines for the
248	mealtime situation ¹⁴ . However, a review conducted in 2011 found that four out of eleven
249	studies explored guidelines and recommendations related to the environment affecting
250	nutrition and food served in child care settings ¹⁸ . Moreover, two of these found insufficient
251	intake of vegetables and only one of the four found adequate serving of fruit and vegetables,
252	despite having food specific recommendations, policies or written guidelines to follow ¹⁸ . We
253	also found associations indicating higher frequency of vegetables served in kindergartens
254	without written guidelines for food and beverages brought from home. This might be
255	explained by a lack of need for such guidelines in kindergartens that serve a higher frequency
256	of meals and thus also vegetables. This hypothesis was tested and we found that kindergartens
257	serving meals more frequently compared to those kindergartens with food brought from
258	home, also served vegetables more frequently (data not shown).

259

260 The physical environment

- 261 Previous studies have shown that availability is positively associated with children's
- 262 consumption of vegetables^{20, 25, 27}. This study assessed the physical environment through
- 263 barriers for using vegetables in the kindergarten, and unexpectedly those that agreed to the

264	statement "I do not buy vegetables because they are too expensive" had the highest frequency
265	of serving vegetables. A potential explanation might be that the Norwegian population is
266	more concerned about eating healthy compared to costs. However, the costs are also an
267	important factor ²⁸ . A Norwegian case study found that the physical structures such as who is
268	organizing and planning the meals were important factors for the food and meals provided by
269	the kindergarten ²¹ , but in our study we did not find an association with the number of people
270	involved in various parts of this process.
271	
272	The sociocultural environment
273	Contrary to previous research ^{19, 20, 27} , we did not find significant associations between the
274	sociocultural environment and vegetables served and eaten. In this study, data were collected
275	at a higher institutional level compared to previous studies ^{19, 20, 27} . Moreover, different
276	methodology when assessing this environment may also have contributed to such
277	discrepancies. In the present study we assessed this environment by questionnaires, but
278	others have assessed this environment through direct observations ¹⁹ . In addition, previous
279	environmental studies have measured other factors in this environment in contrast to this
280	study, such as staff behavior, supervision practice and food serving style ¹⁹ , nutrition education
281	and support for healthy eating ²⁹ , and parenting styles and practices ²⁷ .

283 Strengths and weaknesses of the study

284	This study is conducted in an understudied age group and context. Furthermore, the sample of
285	kindergartens represented in this study was almost the same share of public, private and 5-a-
286	day kindergartens as the total kindergarten population in the two participating counties.
287	Information about vegetable consumption and the environment was collected with three
288	instruments and answered by staff working at different levels in the kindergarten, giving a
289	more holistic dataset.
290	However, the sample of kindergartens presented in this study might have had a greater
291	interest in food and nutrition or been more engaged in projects and/or research participation.
292	The measurement instruments were piloted but not tested for reliability and validity. The
293	amount of vegetables eaten was collected by a 5-day vegetable diary which could be filled in
294	by anyone working in the department. This could have impacted the consistency of how the
295	data were reported. Additionally, the amount of vegetables weighed after the meal did not
296	include vegetables that were left on the children's plates or that had fallen onto the floor. This
297	might have contributed to an overestimation of the amount of vegetables eaten. Moreover,
298	when adults eat of the vegetables served, they potentially eat larger portions compared to the
299	children, which in total contributes to a higher amount of vegetables eaten. The
300	questionnaires used were primarily based on items used in the last national dietary survey in
301	kindergartens ¹⁴ , ensuring comparability across studies in Norway. However, since the ANGELO

framework was not applied in developing the questionnaire, limited aspects of eachenvironment were covered.

304

305 Conclusion

- 306 This study indicates that the economic environment in the kindergartens seems to be
- 307 positively associated with vegetables served and eaten in the kindergarten. Also, the political
- 308 environment seems to be important for the servings and intake of vegetables in the
- 309 kindergarten. This is of high relevance for public health policy as vegetable consumption is an
- 310 important factor in reducing the risk of non-communicable diseases. The lack of associations
- 311 within the sociocultural and physical environments may be explained by factors being assessed
- 312 at a more distal level of the organization. Furthermore, studies of how environmental factors
- 313 interact or are mediated by one another may also be necessary in order to better understand
- 314 their influence on variety, frequency and intake of vegetables.

315

- 317
- 318
- 319
- 320
- 321

322

323 Acknowledgements

324 We would like to thank all the participants who took part in this study and the research team members.

325

326 Funding

This work was funded by the Norwegian Research Council (228452/H10), with supplementary fundsfrom the Throne Holst Nutrition Research Foundation, University of Oslo.

329 **Conflict of interest**

330

331 The Authors declare that there is no conflict of interest.

References

1. World Health Organization. Global status report on noncomunicable diseases 2014. "Attaining the nine global noncomunicable diseases targets; a shared responsibility". 2014.

2. OECD. Health at a Glance: Europe 2012. Chapter: 2. Determinants of health. 2012.

3. The EU platform and The EU platform for action on Diet, Physical Activity and Health. 2005.

4. Norwegian Ministries. The Norwegian Action Plan on Nutrition (2007-2011): Recipe for a healthier diet. 2007.

5. World Health Organization. Prevention and controle of non-communicable diseases: implementation of the global strategy. 61st World Health Assembly. 2008.

6. Norwegian Directorate of Health and Recommendations on diet, nutrition and physical activity (in Norwegian). 2014.

7. Kristiansen AL, Lande B and Andersen LF. Småbarnskost 2007 - Dietary habits among 2-yearold children in Norway (in Norwegian) 2009.

8. Hansen LB, Myhre JB and Andersen LF. UNGKOST 3 - Dietary habits among 4-year-olds (in Norwegian). 2016.

9. Craigie AM, Lake AA, Kelly SA, et al. Tracking of obesity-related behaviours from childhood to adulthood: A systematic review. *Maturitas* 2011; 70: 266-284. 2011/09/17. DOI: 10.1016/j.maturitas.2011.08.005.

10. Norwegian Ministry of Education and Research and Guidelines for the kindergartens content and task's (in Norwegian). . 2011.

11. Birch LL. Development of food preferences. *Annual review of nutrition* 1999; 19: 41-62. 1999/08/17. DOI: 10.1146/annurev.nutr.19.1.41.

12. Norwegian Directorate of Health. Guidelines for food and meals in the kindergarten. 2007.

13. Social- and health directorate. Food and meals in the kindergarten - survey among kindergarten leaders and pedagogical leaders. 2005.

14. Norwegian Directorate of Health. Meals, physical activity and environmental health care in kindergartens 2012; Report No.: IS-0345.

15. Statistics Norway. Kindergartens, 2016, final numbers 2016.

16. Swinburn B, Egger G and Raza F. Dissecting obesogenic environments: the development and application of a framework for identifying and prioritizing environmental interventions for obesity. *Prev Med* 1999; 29: 563-570. 1999/12/22. DOI: 10.1006/pmed.1999.0585.

17. Johnson BJ, Hendrie GA and Golley RK. Reducing discretionary food and beverage intake in early childhood: a systematic review within an ecological framework. *Public Health Nutrition* 2015; 19: 1684-1695. 10/21. DOI: 10.1017/S1368980015002992.

18. Larson N, Ward DS, Neelon SB, et al. What Role Can Child-Care Settings Play in Obesity Prevention? A Review of the Evidence and Call for Research Efforts. *Journal of the American Dietetic Association* 2011; 111: 1343-1362. DOI: <u>https://doi.org/10.1016/j.jada.2011.06.007</u>.

19. Gubbels JS, Kremers SP, Stafleu A, et al. Child-care environment and dietary intake of 2- and 3-year-old children. *Journal of human nutrition and dietetics : the official journal of the British Dietetic Association* 2010; 23: 97-101. 2009/12/01. DOI: 10.1111/j.1365-277X.2009.01022.x.

20. Holley CE, Farrow C and Haycraft E. A Systematic Review of Methods for Increasing Vegetable Consumption in Early Childhood. *Current Nutrition Reports* 2017; 6: 157-170. journal article. DOI: 10.1007/s13668-017-0202-1.

21. Aadland EK, Holthe A, Wergedahl H, et al. Physical factors impact on the food and meal offer in the kindergarten - a casestudy. *Nordic Early Childhood Education Research Journal* 2014.

22. Baranowski T, Beltran A, Chen T-A, et al. Psychometric assessment of scales for a Model of Goal Directed Vegetable Parenting Practices (MGDVPP). *International Journal of Behavioral Nutrition and Physical Activity* 2013; 10: 110. journal article. DOI: 10.1186/1479-5868-10-110.

23. The Norwegian Directorate for Education and Training. Parental fee. 2017.

24. Dahl T and Jensberg H. Diet in schools and kindergartens and the significance for health and learning - an overview *Norden* 2011.

25. Ray C, Määttä S, Lehto R, et al. *Influencing factors of children's fruit, vegetable and sugarenriched food intake in a Finnish preschool setting – Preschool personnel's perceptions*. 2016.

26. Erkkola M, Kronberg-Kippila C, Kyttala P, et al. Sucrose in the diet of 3-year-old Finnish children: sources, determinants and impact on food and nutrient intake. *Br J Nutr* 2009; 101: 1209-1217. 2008/08/30. DOI: 10.1017/s0007114508057619.

27. Brug J, Kremers SP, Lenthe F, et al. Environmental determinants of healthy eating: in need of theory and evidence. *The Proceedings of the Nutrition Society* 2008; 67: 307-316. 2008/08/14. DOI: 10.1017/s0029665108008616.

28. Norwegian Directorate of Health and The Development in The Norwegian diet 2016 (in Norwegian). 2016.

29. Ammerman AS, Ward DS, Benjamin SE, et al. An intervention to promote healthy weight: Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) theory and design. *Preventing chronic disease* 2007; 4: A67. 2007/06/19.