

**Background**

- ❖ Carotenoids are phytochemicals that have more than 750 pigments made by plants and are related to a reduction in risk factors for chronic diseases due to their anti-inflammatory & antioxidant characteristics.
- ❖ Skin carotenoid levels may be assessed by resonance Raman spectroscopy(Veggie Meter™) and has emerged as a biomarker of fruit and vegetable intake.[1]
- ❖ Carotenoids absorb wavelengths ranging from 400 to 550 nanometers (violet to green light) (See Fig.2).
- ❖ Dietary Guidelines for Americans recommend fruits and vegetables daily to reduce the risk of chronic diseases. [2]

**Purpose**

- ❖ To determine the strength of the correlation between self-reported fruit and vegetable intake using the Short Healthy Eating Index Survey (sHEI) (2) and Veggie Meter™ score.
- ❖ To examine correlations among the Veggie Meter™ score and BMI, age, race, sex and self-reported carotenoid supplements.



**Methods**

- ❖ Participants completed the sHEI™ survey to self-report dietary intake habits and food security.
- ❖ Participants self-reported height, weight, age, sex, and smoking status into the carotenoid scanner (0-800 scale).[1] (See Fig.2).
- ❖ Carotenoid measurements were conducted with the right index finger using a 3-pass method and average score.
- ❖ Participants rated future intentions on a scale of 0 - 10 about fruit and vegetable intake after seeing their carotenoid score.
- ❖ Nutrition education, dietary recommendations, food insecure food locations and high carotenoid food sources were provided.

**Participant Demographics**

Ethnicity	Count
White American	24 (82.8%)
African American	3 (10.3%)
Hispanic/Latino	1 (3.4%)
Native American	1 (3.4%)

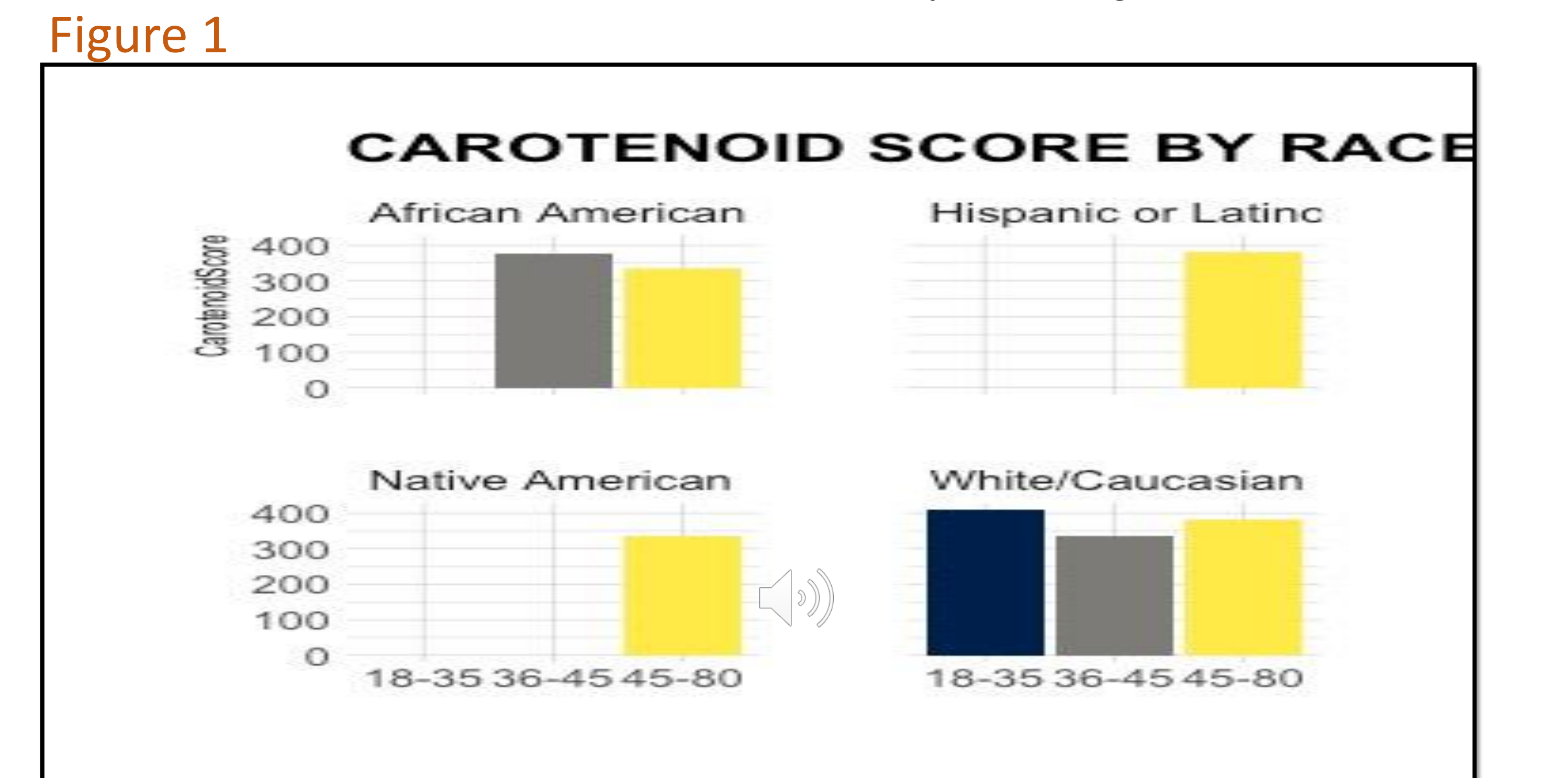
Sex	Count
Female	24 (83%)
Male	5 (17%)

Age	Count
18-35	9 (31%)
36-45	5 (17%)
45-80	15 (52%)
<b>Total</b>	<b>29 (100%)</b>

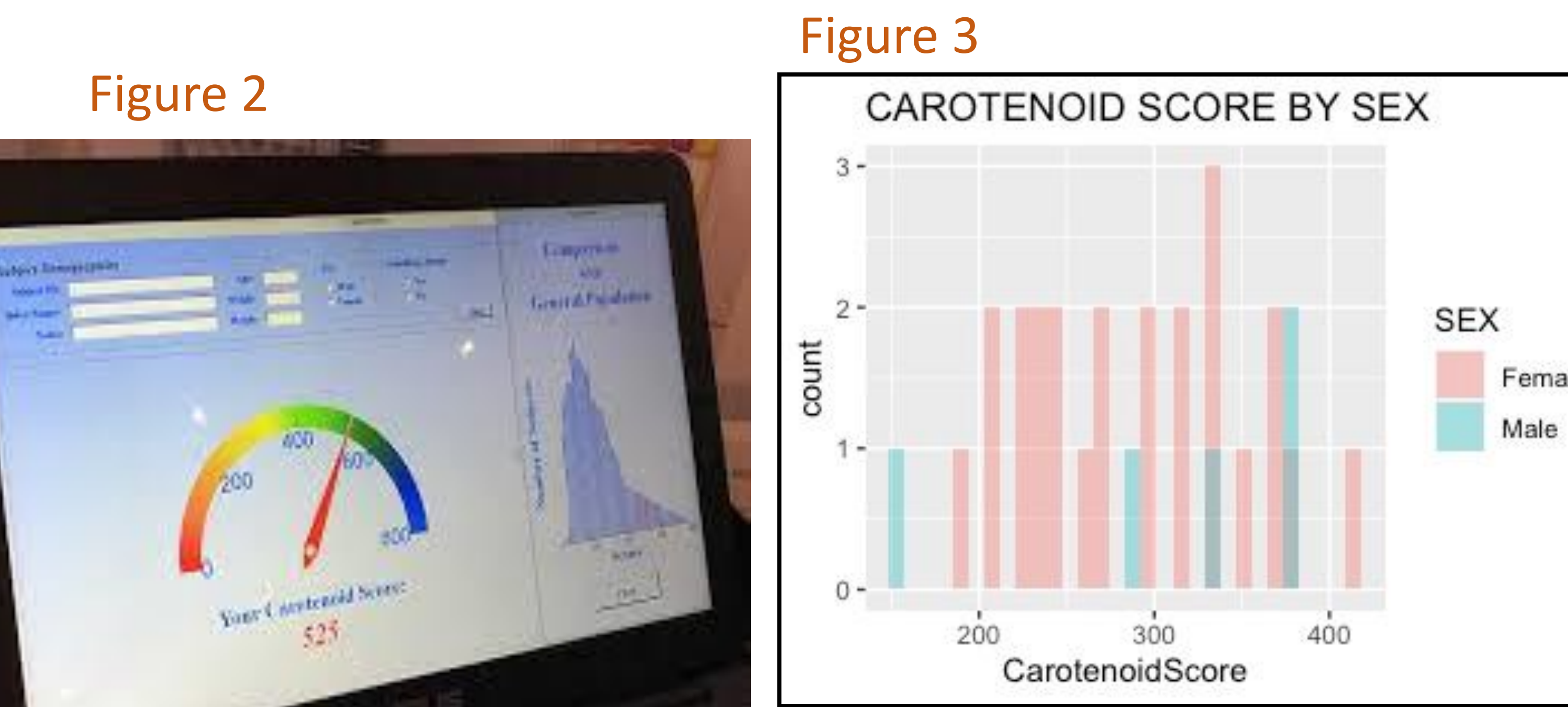
**Results and Discussion**

- ❖ Skin carotenoid levels tended to be higher in younger age groups (18-35) as compared to other age groups (See Fig.1).
- ❖ Sex, self-reported carotenoid supplement use, BMI, sHEI score(fruit and vegetable questions), and race were not significantly associated with the carotenoid score (See Table 1).
- ❖ BMI and self-reported fruit and vegetable intake was negatively correlated with the carotenoid score (See Fig.4 and 5).
- ❖ A regression analysis shows that the carotenoid score was insignificantly associated with participants' future intentions about increasing fruit and vegetable intake.
- ❖ Of participants, 7% (2) identified as food insecure and 93% (27) identified as food secure from the validated two-item food security screening tool.[4]

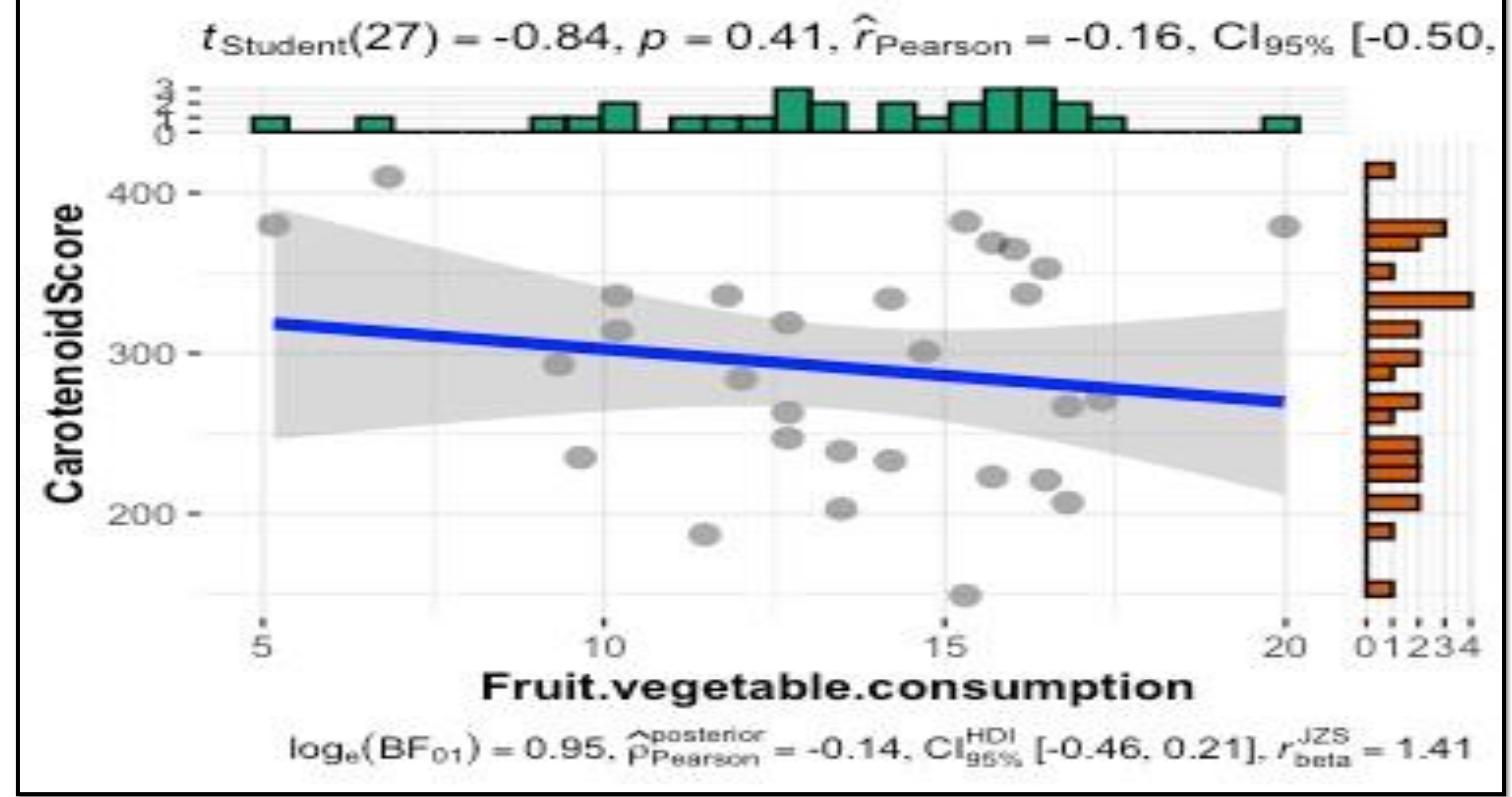


**Table 1**

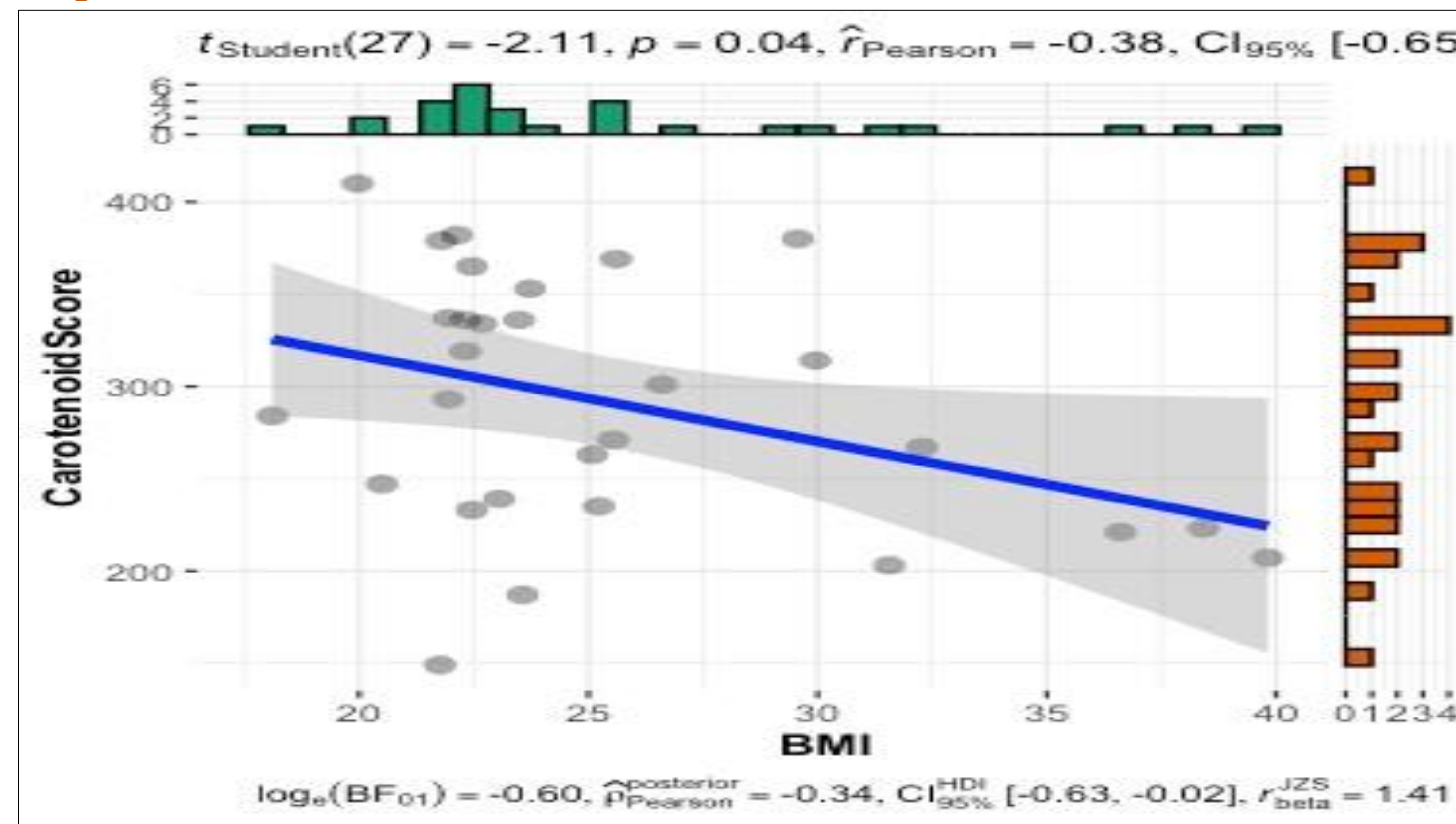
Regression Coefficients	Estimate	Std. Error	t value	p value
Fruit/Vegetable Consumption	-1.5	4.1	-0.36	0.72
Self-reported carotenoid supplement use	10.1	27.3	0.371	0.71
BMI	-4.3	2.5	-1.7	0.1
Age 36-45	-10.05	39.2	-0.26	0.8
Age 45-80	-15.6	30	-0.52	0.61



**Figure 4**



**Figure 5**



**Conclusion and Recommendation**

- ❖ Results indicates that skin carotenoid levels in a population varies by age groups.
- ❖ Self-reported fruit and vegetable intake (sHEI survey) and BMI were both negatively correlated with carotenoid level.
- ❖ Ongoing research is needed in larger populations of varying age, sex, BMI and race to determine future intentions about fruit/vegetable intake.

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**References**

- 1) Ermakov, I. V., Ermakova, M., Sharifzadeh, M., Gorusupudi, A., Farnsworth, K., Bernstein, P. S., ... & Gellermann, W. (2018). Optical assessment of skin carotenoid status as a biomarker of vegetable and fruit intake. *Archives of biochemistry and biophysics*, 646, 46-54.
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- 3) Colby, S., Zhou, W., Allison, C., Mathews, A. E., Difert, M. D., Morrell, J. S., ... & Shelnitz, K. (2020). Development and Validation of the Short Healthy Eating Index Survey. *Nutrients*, 12(9), 2611.
- 4) Radandt, N. E., Corbridge, T., Johnson, D. B., Kim, A. S., Scott, J. M., & Coldwell, S. E. (2018). Validation of a two-item food security screening tool in a dental setting. *Journal of Dentistry for Children*, 85(3), 114-119.

Study was approved by the UTC IRB # 22-025