The relationship between weight stigma and eating behavior in diverse, urban university students

Kasuen Mauldin, San Jose State University
Melinda Young, San Jose State University
Intention to Use Fast Food Menu Labels Differs Between Gender and Dieting Habits

Author(s): K.A. Stran, L.L. Knol; Department of Human Nutrition and Hospitality Management, Univ. of Alabama, Tuscaloosa, AL

Learning Outcome: The participant will be able to identify the correlates of intention to use nutrition information on fast food menus among US adults.

The Restaurant Nutrition Menu Labeling Requirement of the Affordable Care Act will require chain restaurants to post nutritional information on menus by December 1, 2015. Several cities and counties in the US have local menu labeling laws and consumer use of this information has been mixed. The purpose of this study was to assess the demographic and psychosocial correlates of US adults who would use fast food menu labels, if available. A sample of 6190 adults, 19 years or older, was drawn from the 2007–2010 National Health and Nutrition Examination Survey (NHANES). Responses to a single question on the potential use of fast food menu labels were recorded to often/sometimes and rarely/never. Logistic regression was used to determine the relationship between potential menu label use and demographic and psychological correlates selected based on The Food Choice Process Model. If available, 67% of US adults would use menu labels in fast food restaurants. Female respondents and non-Hispanic blacks were more likely to state they would use menu labels than males and non-Hispanic whites (OR: 1.9, 95% CI: 1.7, 2.2; OR: 1.3, 95% CI: 1.1, 1.5, respectively). Those who were taking action to lose weight were also more willing to review menu labels in fast food restaurants than those who were not (OR: 1.6, 95% CI: 1.3, 1.9). Interestingly, actual weight status, weight perceptions, income and living arrangements were not significant predictors of potential menu label use. As menu labeling becomes widespread, these correlates should be incorporated into targeted education efforts to encourage consumer use while dining out.

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Feasibility and Efficacy Outcomes of a 6-Week Social Media-Based Nutrition Education Intervention for Student-Athletes

Author(s): S. Mihaly, J. Altiti, C. Coccia; Nutrition and Dietetics, Florida Intl. Univ., Miami, FL

Learning Outcome: The participant will have increased knowledge on the feasibility and efficacy of a social-media based nutrition intervention.

Objectives: The purpose of this study was to evaluate the feasibility and efficacy of a 6-week Twitter®-based intervention on nutrition knowledge and diet outcomes in Division I student-athletes.

Study Design and Subjects: 74 student-athletes at a Division I university were recruited. Participants were asked to follow and respond to study-related prompts using Twitter® for 6-weeks.

Intervention: Constructs from the Health Belief Model (HBM) and MyPlate were utilized to develop Twitter® prompts. Participants were encouraged to provide topic-related responses to prompts ‘tweeted’ by the master Twitter account. Concurrently, a secondary account published ‘example’ tweets to respond to each master tweet.

Measures: Feasibility was measured by enrollment, participation and intervention perceptions. Efficacy was determined by measured anthropometrics and a pre/post survey including the National Cancer Institute fat screeners and nutrition knowledge questions.

Statistical Analysis: Descriptive statistics and paired t-tests were analyzed using SPSSV210.

Results: Out of the 74 participants recruited, 35 (47%) participated in the intervention. Of those that participated, subjects sent an average of 14 tweets/person and 71% indicated high satisfaction with the intervention. Efficacy measures indicated increased nutrition knowledge scores (t = −2.23, p = 0.04), decreased kcalories from fat (t = −2.26, p = 0.03) and decreased BMI (t = −2.32, p = 0.03) following the 6-week intervention.

Conclusions: Social media may be a potential medium for nutrition intervention delivery due to popularity and ability to reach a large, diverse audience. This study supports the use of social media-based nutrition interventions to increase nutrition knowledge, create behavior change, and decrease BMI.

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The Relationship between Weight Stigma and Eating Behavior in Diverse, Urban University Students

Author(s): M. Young,1 K. Mauldin,1 D. Clifford; 1San Jose State Univ., San Jose, CA, 2California State Univ, Chico, Chico, CA

Learning Outcome: After viewing this poster and discussions with the presenter, the participant will be able to define weight stigma and explain how it may affect eating behaviors.

Overweight and obese individuals often experience weight-based discrimination or stereotyping known as weight stigma. Weight stigma can have detrimental effects on the individual’s psychological and physical health. The aim of this study was to explore the potential effects weight stigma can have on eating behavior among a diverse, urban college student population, specifically in the areas of intuitive eating, dieting, and dieting history. Data was collected from 167 university students (74% females) with a mean age of 21.09 ± 3.63 years old. Each student completed validated instruments assessing personal weight stigma, intuitive eating behavior, and current dieting behavior, in addition to anthropometric measurements and demographic questions. Pearson’s correlation coefficient, one-way analysis of variance, and independent T-test were used for statistical analysis. Mean body mass index (BMI) was 24.3 ± 5.0 kg/m² and participants reported low levels of weight stigma (average score 0.62 ± 0.99 out of 9). However, even among individuals with normal BMIs and low levels of weight stigma, weight stigma was still significantly negatively associated with intuitive eating behavior (r = −.271, p < .001) and positively associated with dieting behavior (r = .297, p < .001). These findings suggest, regardless of body size, weight stigma may play a role in eating behavior. It is important to eliminate weight stigma while promoting non-diet behaviors in future nutrition interventions.

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Effect on Diet Quality of a Community-Based Weight Management Program for Hispanic Families

Author(s): E. Lopez,1 J.S. Carson,1 Q. Zhang,2 H. Kitzman-Ulrich; 1Clinical Nutrition, UT Southwestern–Cin Nutrition, Dallas, TX, 2Texas Prevention Institute, Univ. of Texas North Texas Hlth. Sci. Ctr., Fort Worth, TX, Texas Prevention Institute, Univ. of North Texas Hlth. Sci. Ctr., Fort Worth, TX

Learning Outcome: The participant will be able to describe how Healthy Eating Index scores change in Hispanic youth participating in a community-based weight management program.

Background: Because over 40% of Hispanic children are overweight, placing them at health risk, effective weight management support for these children and their families is crucial. Multi-faceted community-based family interventions offer a potential solution.

Methods: FIT for Health piloted a 10 week intervention for control families who received a health education program and for experimental families who received a weight management program integrating behavioral, motivation, and family skills. This report investigated whether the experimental children improved the quality of their diets more so than the control children from pre to post-intervention. Quality of diet was measured by calculation of Healthy Eating Index (HEI) scores from 3 pre and 3 post multiple-pass 24 hour dietary recalls obtained by telephone with the children.

Results: The 20 children who completed the 6 recalls included 10 females and 10 males aged 10 to 17 years (mean=13 years). BMI percentiles improved from 94.37 ± 6.96 to 93.74 ± 7.48 (p = 0.01) without a significant difference between control and experimental groups (p = 0.66). The mean HEI for the control group decreased from 52.21 ± 5.82 to 60.13 ± 8.56, while it increased from 62.71 ± 11.78 to 67.26 ± 8.88 for the intervention group (p = 0.01 using General Linear Model with Repeated Measures).

Conclusion: In a 10 week weight management program for Hispanic children and their families, the improvement in quality of diet (as measured by HEI) was significantly greater among the children in the behaviorally focused program compared to the controls in an education based program.

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