Homestyle Nutrition Education Curriculum Improves Aspects of Mental Health of Parents/Caregivers of Children Ages 6 to 11

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Background: Research suggests that dietary quality has an impact on mental health. Consuming a variety of foods from all the food groups provides nutrients needed for optimal brain function. Federally funded nutrition education programs, such as the Supplemental Nutrition Assistance Program-Education (SNAP-Ed), provide nutrition education for families with low income, which may also improve aspects of mental health.

Objective: To determine whether Homestyle Nutrition Education Program for parents/caregivers of children ages 6-11 years, improves the mental health (emotional eating, quality of life (QoL), and depressive symptoms) of participants compared to those in a virtual attention control (AC).

Study Design, Settings, Participants: This cluster randomized trial included six virtual lessons taught by SNAP-Ed nutrition educators who recruited and taught participants using either the HS (N=102) or AC (N=64) curriculum. The SNAP-Ed Home Obesogenicity Measure of EnvironmentS Survey was used to determine changes in mental health where decreases in values indicated improvements in measures.

Measurable Outcome/Analysis: Descriptive statistics were used to analyze demographic characteristics. Within-and between-group differences in mental health from baseline to post and post to long-term follow-up (LTFU) were determined by linear mixed effects models. Baseline value, group, language, gender, race, ethnicity, education, and age were all fixed effects for the model.

Results: Participants were 39.6±7.9 years old, primarily female (96.3%), and had overweight or obesity (82.1%). There were no within- or between-group differences in emotional eating or depressive symptoms at any time point (p>0.05). HS participant QoL trended towards significantly improving from baseline to post (4.5±6.6 vs 2.8±4.0; p=0.06). There was a significant decrease in QoL from post to LTFU (2.8±4.0 vs 4.00±4.7; p=0.04). There were no between-group differences in QoL at any time point (p>0.05).

Conclusion: These data suggest that HS positively impacted participant QoL. It is unclear whether this impact was a result of improved dietary quality. Dietary behavior data are needed to determine the reason for the impact on QoL.

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Impact of Homestyle Nutrition Education on Fruit and Vegetable Intake and Cognitions of Adults Participating in SNAP-Education

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Background: Although chronic disease risk is inversely associated with fruit and vegetable (F/V) intake, only 12% and 9% of adults eat enough F/V, respectively. Teaching adults strategies for increasing F/V intake and targeting F/V-related cognitions are effective components of nutrition interventions. SNAP-Education (SNAP-Ed) is a federally funded nutrition education program that teaches SNAP-eligible families to make better food choices and utilizes such interventions.

Objective: To determine whether Homestyle Nutrition Education (HS), a virtual nutrition education intervention delivered through SNAP-Ed for parents/caregivers of children ages 6 to 11 years, improves F/V intake and related cognitions of participants compared to a virtual attention control (AC).

Study Design, Settings, Participants: The study was a two-arm, cluster-randomized controlled trial. Participants were recruited and taught by SNAP-Ed nutrition educators who had been randomized to teach a six-lesson HS (N=102) or AC SNAP-Ed (N=64) curriculum.

Measurable Outcome/Analysis: Demographic characteristics were analyzed using descriptive statistics. F/V intake and related cognitions were collected at baseline, post-intervention, and long-term follow up (LTFU). Differences were analyzed using a linear mixed effects model with fixed effects (eg, baseline value, group, language, gender, race, ethnicity, education, and age).

Results: Participants were 39.6 ± 7.9 years old, primarily female (96.3%), had a post-secondary education (71.6%),