Characterizing Goal Setting by the Registered Dietitian for Adolescents With Newly Diagnosed Polycystic Ovary Syndrome (PCOS)

Manasa Gadiraju, BA, The University of Missouri - Kansas City School of Medicine; Erin Green, PhD, RDN, Division of Nutritional Sciences, Cornell University; Tania Burgert, MD, Department of Endocrinology, Children's Mercy Kansas City; Alexandra MacMillan Uribe, PhD, RDN, Institute for Advancing Health through Agriculture, Texas A&M AgriLife Research; Heidi Vanden Brink, PhD, MS, RDMS, heidi.vandenbrink@ag.tamu.edu, Department of Nutrition, Texas A&M University

Background: Polycystic Ovary Syndrome (PCOS) is a prevalent condition manifesting in adolescence and is associated with obesity and type 2 diabetes. Given this lifelong burden, early dietary modifications are beneficial to mitigate PCOS severity. Registered Dietitians (RD) play an important role in guiding diet-related strategies following a PCOS diagnosis. While goal setting is a critical tool for promoting behavior change, standardized and effective approaches for dietary management of adolescents with PCOS are lacking.

Objective: To characterize goal setting by RDs for adolescents newly diagnosed with PCOS at a multi-specialty PCOS clinic.

Study Design, Setting, Participants: Nutrition notes recorded by RDs of patients (n=118) seen for PCOS between 2015 and 2020 were extracted from medical records and de-identified. A collaboratively generated code book was used to code nutrition notes in DedooseTM based on open coding and a priori objectives. One investigator (MG) coded all notes and exported excerpt subgroups stratified by number of nutrition goals set. Four investigators (MG, HV, EMG, AU) independently reviewed excerpts to identify emerging themes and then collaboratively discussed common themes to identify prevailing concepts.

Measurable Outcome/Analysis: Goals were characterized for emerging themes using qualitative content analysis by four investigators.

Results: Adolescents were on average 16 years old (range, 11-21 years) and 70.3% had a BMI > 30kg/m2. Parent(s) attended 89% of visits. Of the 118 nutrition notes, 7 notes set 0 goals, 10 set 1 goal, 40 set 2 goals, and 61 set 3+ goals. The main themes identified were: 1) use of the MyPlate tool; 2) focus on modifying carbohydrate intake including restricting simple carbohydrates (eg, reduce sugar-sweetened beverages) or pairing carbohydrates with other macronutrients (eg, protein or fat); and 3) a lack of parental inclusion in the goals.

Conclusion: MyPlate and carbohydrate intake are frequent goal setting starting points for RDs evaluating adolescents with PCOS at the multi-specialty clinic evaluated.

Classification of Early Childhood Educators’ Behaviors to Improve WISE Implementation

Dario Cosic, Louisiana Tech University; Dong Zhang, PhD, University of Arkansas for Medical Sciences; Taren Swindle, PhD, University of Arkansas for Medical Sciences; Heather Grace Kennedy, Louisiana Tech University; Mary Claire Booth, Louisiana Tech University; Julie Rutledge, PhD, rutledge@latech.edu, Louisiana Tech University

Background: Together, We Inspire Smart Eating (WISE) is a curriculum focused on increasing fruit and vegetable consumption among preschoolers. Early Childhood Educators’ (ECEs) fidelity to WISE, attitudes toward WISE, and workplace influence are important for promoting successful implementation, in accordance with the established Fidelity, Attitude, and Influence Typology (FAIT).

Objective: This study explores change, from baseline to midpoint, in FAIT of ECEs in centers utilizing WISE. Using baseline FAIT classification, ECEs were targeted with tailored implementation facilitation to improve fidelity and attitude. We hypothesized this strategy would increase the proportion of ECEs with high fidelity.

Study Design, Setting, and Participants: At baseline and midpoint: Research assistants coded fidelity on a 1 (“Not at all”) to 4 (“Very much”) scale for 4 WISE evidence-based practices (EBPs; role modeling, mascot use, positive feeding practices, and hand-on exposure); and ECEs completed self-report surveys to measure their workplace influence and attitude toward WISE on a 5-point scale (higher scores reflect more positive attitude and greater influence). ECE participants (N=57) were mostly female (98.2%) and Black (91.2%), with an average age of 44.5 (SD=11.7).

Measurable Outcome/Analysis: ECEs with an average fidelity score ≥ 3 on 3 or more EBPs were deemed as meeting fidelity. ECEs with attitude and influence scores > 4 were designated as positive and influential, respectively. Baseline to midpoint change was compared on FAIT.

Results: At baseline, 40% of ECEs were in a desired typology (ie, adopting with fidelity). From baseline to midpoint, 42% of teachers improved their FAIT category; 32% remained the same. Instances of worsening typology (27%) were mostly attributed to losses in fidelity. These midpoint results were used to update implementation facilitation targets for the remaining 3.5 months of WISE to improve in FAIT across the school year.

Conclusion: These results suggest that using FAIT to inform facilitation supports ECEs to move toward adoption with high fidelity. We expect these improvements to correlate with improved child health outcomes and program sustainment.

Funding: NIH