Nutrition Risk Through the Lens of Parent Perceived Child Eating Behavior and the Satter Division of Responsibility

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Background: Child nutrition risk is related to parent feeding and child eating behaviors. The ability of parent feeding and child eating instruments to identify nutrition risk has not been compared.

Objective: Examine and compare performance of the Child Eating Behavior Questionnaire (CEBQ) and sDOR.2-6y, which measures parent adherence to Satter’s Division of Responsibility in Feeding (sDOR), to identify NutriSTEP® nutrition risk.

Study Design, Settings, Participants: Parents (n=69) of children (3-5 years) attending 6 childcare centers were surveyed; child weight/height was investigator-measured.

Measurable Outcome/Analysis: Child BMI-for-age percentile, CEBQ, total and subscales/components of NutriSTEP® and sDOR.2-6y were measured. Total scores/subscales between measures were correlated and compared between NutriSTEP® nutrition risk categories using independent t-test.

Results: Respondents were mostly White, educated, female, food secure. Child BMI-for-age was mostly (84%) normal, not related to the sDOR.2-6y or CEBQ scales. NutriSTEP® identified 77% (n=53), 16% (n=11), 7% (n=5) as low, medium, high nutrition risk, respectively. Compared to low nutrition risk children, parents of moderate/high nutrition risk children scored them higher on CEBQ food fussiness (P<0.001), satiety responsiveness (P=0.03), slowness in eating (P=0.04), desire to drink (P=0.04), and lower on food enjoyment (P<0.001). Greater nutrition risk was associated with lower total adherence to sDOR (r=0.26, P=0.03) and child autonomy (r=0.26, P=0.035).

Nutrition risk from two of five NutriSTEP® components (Food and Nutrition; Other factors) was related to sDOR.2-6y Leadership and Autonomy domains and five CEBQ subscales in expected directions. Stronger adherence to sDOR was related to greater food enjoyment (r=0.25, P=0.036), lower desire to drink (r=0.34, P=0.005); adherence to child autonomy tenets was related to lower satiety responsiveness (P=0.25, P=0.04) and desire to drink (P=0.47, P<0.001).

Conclusion: sDOR.2-6y and CEBQ both identify children at nutrition risk, but the sDOR.2-6y identifies parent feeding behaviors associated with risk, whereas CEBQ identifies parent perceptions of child eating behaviors associated with risk. sDOR.2-6y poses a lower respondent burden with 12-items vs. the CEBQ’s 35-items.

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Perceptions of Registered Dietitians and Nutritionists Among Undergraduate Students in the Health Professions

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Background: Anecdotal evidence suggests that the difference between registered dietitians (RD) and nutritionists are not clearly understood. These misperceptions affect how RDs are viewed and consulted in healthcare settings. However, no studies have assessed how students in healthcare professions perceive RDs versus nutritionists.

Objective: To explore the perceptions of RDs and nutritionists among undergraduate students in healthcare professions.

Study Design, Settings, Participants: Cross sectional online Qualtrics survey of sixty undergraduate students at a small Massachusetts university in the following programs of study: nursing, exercise science, pre-health, and nutrition, consisting of 24 closed-ended and 3 open-ended questions.

Measurable Outcome/Analysis: Roles of RDs in health-related settings, perceived differences between RDs and nutritionists, trustworthiness and overall view of nutrition professionals. Chi-square tests were used to evaluate associations between outcome measures and programs of study. Open-ended questions were examined thematically.

Results: Significant differences were observed in the identification of dietitian’s roles in healthcare settings by program of study. The majority of nursing and pre-health students did not correctly identify dietitians as responsible for prescribing patient diet orders, assessing nutritional status and malnutrition, providing care for nutrition-related chronic conditions and offering meal planning guidance. No significant differences were observed between the program of study and perception of dietitians versus nutritionists. However, most students in non-nutrition programs felt the distinction between both terms was unclear. Students felt RDs received higher education, required board certification and a license to practice. Nutritionists were seen as more well-rounded, holistic, and responsible for general nutrition advice. Most students across all programs of study reported positive views of dietitians and nutritionists.

Conclusion: Findings highlight limited understanding of RD responsibilities and unclear distinction between RDs and nutritionists among non-nutrition students in health professions programs. Educational training with undergraduate health professions may improve perceptions of and referrals to RDs in healthcare settings.

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