Changes in diet quality, energy intake, and the home food environment during an adolescent behavioral weight loss intervention differ by race and food security status



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Background

- Successful obesity treatment programs are needed to reduce obesity and cancer
- Increasing healthy foods and decreasing unhealthy foods in the home can aid in reduced energy intake and improved diet quality that is needed for weight loss success
- Healthy changes to the home food environment may be more challenging for adolescents with food insecurity and/or racial minority status
- Research is needed to explore how food insecurity and race are related to the home food environment and diet changes during obesity treatment

Aim

Within an adolescent obesity treatment program

- L. To examine if changes in the home food environment, diet quality, and energy intake, differed by race and food security status
- To examine if changes in the home food environment were associated with changes in diet quality and energy intake

Participants

- Adolescent/parent dyads (N=82) in an obesity treatment program
- 63% adolescents were female
- 66% adolescents were non-White

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• 24% families were food insecure

Intervention Description

- 4-month group-based, behavioral weight loss treatment for adolescents that involved a parent
- Used empirically supported behavior therapy approaches (e.g., goal setting, self-monitoring, stimulus control, contingency management)
- Set personalized goals for energy intake and diet quality (i.e., GO foods)
- Encouraged changing the home food environment to reach dietary goals
- Exercise progression >1 day/week at gym
- 4 motivational-interviewing based individual sessions during treatment



Measures

Demographics reported pre-intervention:

- Race: White vs. Non-White
- Food security: USDA 6-item Food Security Module (food secure vs. insecure)

Diet measures reported pre- and post-intervention:

- Home food environment: Home Food Inventory (HFI) obesogenic score (range 0-71; lower score = healthier)
- Energy intake: 3-day food recall
- Diet quality: Healthy Eating Index (HEI) (range 0-100; higher score = better quality)

Results

Home Food Environment

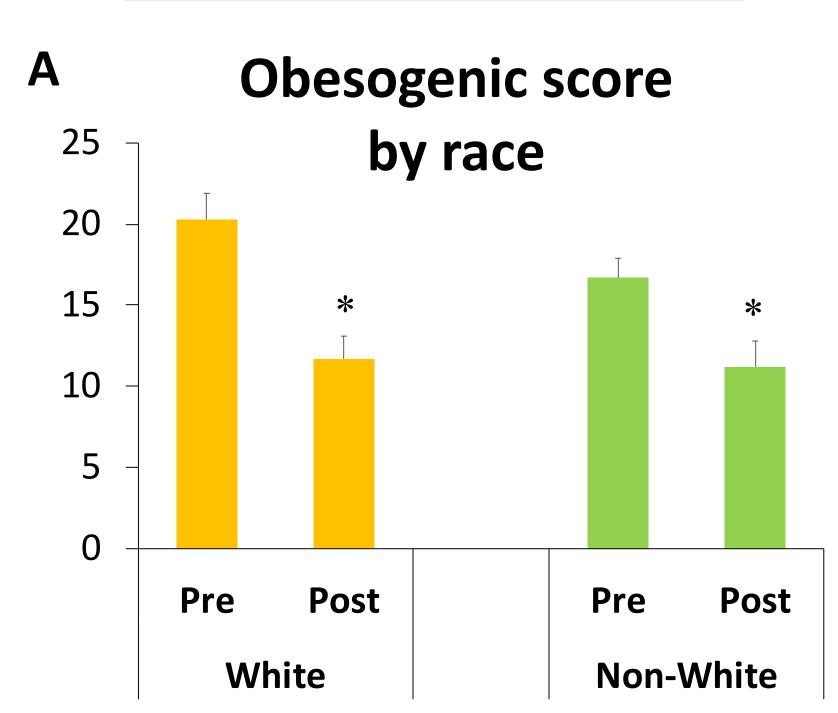
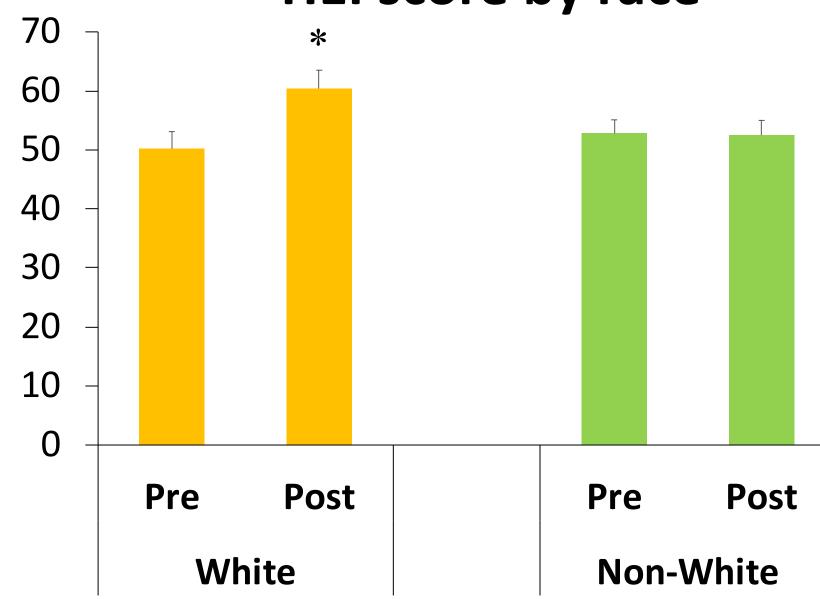


Figure 1. HFI obesogenic score at pre- and post-intervention by A) adolescent race and B) family food security status. Lower values indicate a healthier home food environment. *mean difference from pre to post-intervention was p<0.05.

Diet Quality HEI score by race *



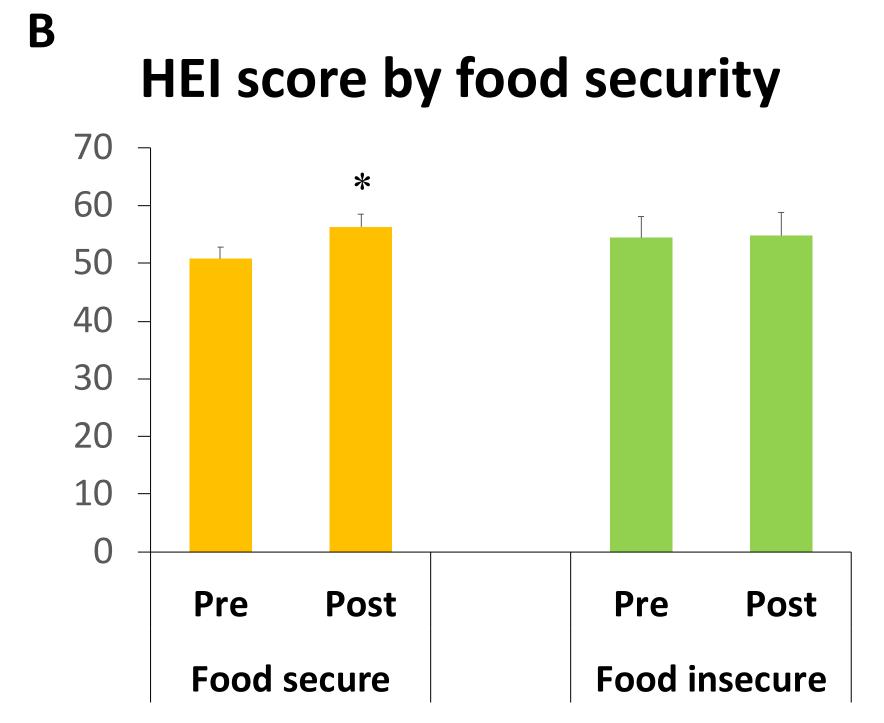


Figure 2. HEI score at pre- and post-intervention by A) adolescent race and B) family food security status. Higher values indicate a better diet quality. *mean difference from pre to post-intervention was p<0.05.

Energy Intake

 All adolescents decreased energy intake from pre- to post-intervention by ~300-400 kcal/day

Relationships between home food environment, diet quality, and energy intake

Race

- White adolescents: Improvements in the home food environment were associated with improved diet quality and reduced energy intake, from pre- to post-intervention (p's <0.05)
- Non-White adolescents: These associations were not significant (p's>0.05)

Food security

- Food secure families: Improvements in the home food environment were associated with improved diet quality (p=0.02) and a trend for decreased energy intake (p=0.08), from pre- to post-intervention
- Food insecure families: These associations were not significant (p's>0.05)

Conclusion

- Changes to the home food environment for White adolescents and food secure families was associated with positive dietary outcomes
- Non-White adolescents made changes to the home food environment, which were not associated with dietary outcomes. Future research should explore reasons for these racial disparities
- Families with food insecurity did not make changes to the home food environment or diet quality. Interventions should aim to overcome challenges of food insecurity on changing the home food environment