

**Poster Session: Clinical Care; Communications; Critical Thinking and Decision Making; Ethics and Professionalism; Food, Nutrition and Dietetics and Physical Activity; Leadership and Advocacy**

**How Demographic and Social Factors Correlate with the Perception of Gluten and Gluten Sensitivity (GS).**

**Author(s):** G. White, C. Anstrom; Olivet Nazarene University

**Learning Outcome:** Upon completion, the participant will be able to determine which of the presented demographic and social factors correlate with GS or gluten misconceptions to discover potential contributors of GS.

**Background:** With an increase in GS cases, an exploration and understanding of how demographic and social factors such as gender, ethnicity, economic status, family/friend behavior, and social media correlate with GS and the perception of gluten was sought after.

**Method:** The researcher constructed a survey that was reviewed by 13 individuals for content, clarity, and internal consistency. The survey was sent out to the student body (2,658) at a small Midwestern university. The final number of participants was 176. Questions covering demographics, social backgrounds, GS, social media, and perception of gluten were included. Differences between groups (those with GS and those without) were analyzed using independent samples *t*-tests. The relationship and association between variables were analyzed using the two-way chi square test and phi coefficient, respectively.

**Results:** Participants were more likely to report GS if they grew up with someone who had GS,  $\chi^2(1, N=172) = 34.8, p < .001$ . A strong positive association between the variables was determined ( $\phi = 0.45$ ). People with GS reported following more GS/gluten-free diet promoting celebrities and influencers on social media ( $M=3.44, SD=9.8$ ) than people who did not report having GS ( $M=0.78, SD=1.73$ );  $t(165) = -2.99, p = .003; d = 0.59$ .

**Conclusion:** Results suggest that social factors such as the incidence of GS within the family and the number of GS/gluten-free diet promoting celebrities and influencers followed on social media do correlate with GS. The findings support the need for additional research to explore the relationship between these social factors and GS.

**Funding source:** None

**Influences on Health Behaviors of Registered Dietitian Nutritionist during the COVID-19 Pandemic**

**Author(s):** T. Oliver, R. Shenkman, C. Moore, L. Diewald; Villanova University

**Learning Outcome:** Upon completion, participants will be able to describe the Registered Dietitian Nutritionist's experiences as a result of the COVID-19 pandemic on their health behaviors.

**Background:** The COVID-19 era presents a unique opportunity to explore the experiences of Registered Dietitian Nutritionists (RDNs) and investigate the influences of stress and life disruption on RDNs' health behaviors.

**Methods:** This qualitative study analyzed two open-ended questions, part of a more extensive 57-item cross-sectional survey distributed from January 2021 to February 2021, to assess the pandemic experience among RDNs. AtlasTi9 was used to analyze the data using a content analysis approach.

**Results:** Of 477 respondents, 255 and 203 answered Q1 and Q2, respectively. Q1 asked RDNs who experienced pandemic-period weight change to share views on reasons for weight change. Q2 asked how the pandemic impacted RDNs weight, eating habits, physical activity, or general health. The qualitative data yielded eight themes. Two themes indicated improved healthy habits, such as increased physical activity and improved eating habits. In contrast, six themes explored disruptions in healthy habits such as decreased physical activity, unfavorable eating habits, changes in alcohol use, the impact of job/family/schedule disruption, mental health influences, and new-onset or burden of health/medical conditions.

**Conclusion:** Although challenges presented by pandemic-related disruptions in routine/responsibilities and mental health influences were reported, warranting additional study, positive health adaptations, such as increased physical activity and improved eating habits, were revealed among this RDN population, and not commonly experienced by the general population during the COVID-era. Further exploration into these influences and strategies to support the preservation of RDNs' health behaviors during stressful times is needed.

**Funding source:** None

**Implementation of Interprofessional Education in Dietetics Curricula**

**Author(s):** M. Voorhees, H. Wengreen; Utah State University

**Learning Outcome:** To assess fulfillment of interprofessional education (IPE)-related ACEND requirements and examine associations between IPE approaches and directors' confidence in students' capacity to engage in interprofessional collaborative practice (IPCP).

**Background:** IPCP fosters optimal patient outcomes, thus integration of IPE approaches in dietetics education is essential.

**Objective:** To examine how dietetics programs are fulfilling ACEND IPE-related curriculum requirements and investigate whether number of IPE methods relates to directors' confidence in students.

**Methods:**  $N=67$  program directors ( $n=17$  coordinated program (CP);  $n=22$  didactic program (DPD);  $n=28$  dietetic internship (DI)) participated in this cross-sectional survey employing a mixed-methods approach. IPE was categorized as lectures, assignments, case studies or facilitated interaction with other disciplines, and direct experience. Multiple linear regression examined number of IPE methods reported and level of confidence in student IPCP (range: 0-10), accounting for time spent on IPE, program type (CP/DPD/DI) and level (undergraduate/graduate).

**Results:** Lectures (63%), assignments (60%), direct experience (73%), and case studies or facilitated multidisciplinary interactions (79%) were endorsed frequently. Number of IPE methods did not significantly predict confidence in student IPCP ( $p=.486$ ) when accounting for time spent on IPE, program type, and level. DPD directors were less confident in students' ability to engage in IPCP than CP directors ( $\beta=-1.46; p=.014$ ).

**Conclusions:** Multiple IPE-related approaches appear to be regularly incorporated in programs; however, the number of methods may not be related to level of confidence in future IPCP. DPD directors were less confident in student IPCP upon program completion, potentially highlighting the perceived importance of IPE through direct experience.

**Funding source:** None

**Maternal Dietary Supplements Intake and Edinburgh Postnatal Depression Scale Score During COVID-19 Pandemic**

**Author:** U. Erliana; Indiana University Bloomington

**Learning Outcome:** Upon completion, participants will be able to describe the dietary supplements consumption by pregnant women and breastfeeding mothers and define the relationship between the supplements intake and the stress level.

**Background:** The demand of multivitamin and stress level during COVID-19 pandemic are increase. The aim of this study was to evaluate the relationship between dietary supplement intake and the Edinburgh Postnatal Depression Scale (EPDS) score of pregnant women and breastfeeding mothers during the COVID-19 Pandemic.

**Methods:** The participants of this study were 47 pregnant women and breastfeeding mothers in Indiana. The Harvard Willett Food Frequency questionnaire was used to assess the consumption of supplements. An online survey by Qualtrics was used to obtain sociodemographic data and EPDS scores. Data were analyzed by descriptive statistics, cross-tabulations and a simple linear regression.

**Results:** Participants had a mean age of  $30.13 \pm 3.59$  years and 42.6% were not working. Twenty different types of dietary supplements (vitamin, mineral, oil, hormone, and multivitamin) were consumed by participants. The mean, minimum, and maximum scores of EPDS were 5.89, 0.00, and 13.00, respectively. Multivitamin was supplement that consumed by majority of participants (78.7%), followed by vitamin D (38.3%) & vitamin C (29.8%). Simple linear regression analyses showed that it was not significant variance of EPDS score and dietary supplements intake,  $F(1, 45) = 3.45, p = .070, R = .27, R^2 = .071, R^2_{adjusted} = .051$ . The regression coefficient ( $B = -2.19, 95\% \text{ CI} [-4.56, .18]$ ) indicated that consumption of dietary supplements, on average, decreased EPDS score of 2.19 point.

**Conclusions:** The consumption of dietary supplements was negatively related to the EPDS score of participants. However, it is necessary to conduct the studies with larger sample size.

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