

# Assess the Knowledge and Attitudes of Registered Dietitian Nutritionists Regarding Food Insecurity in Eating Disorder Population During the COVID-19 Pandemic

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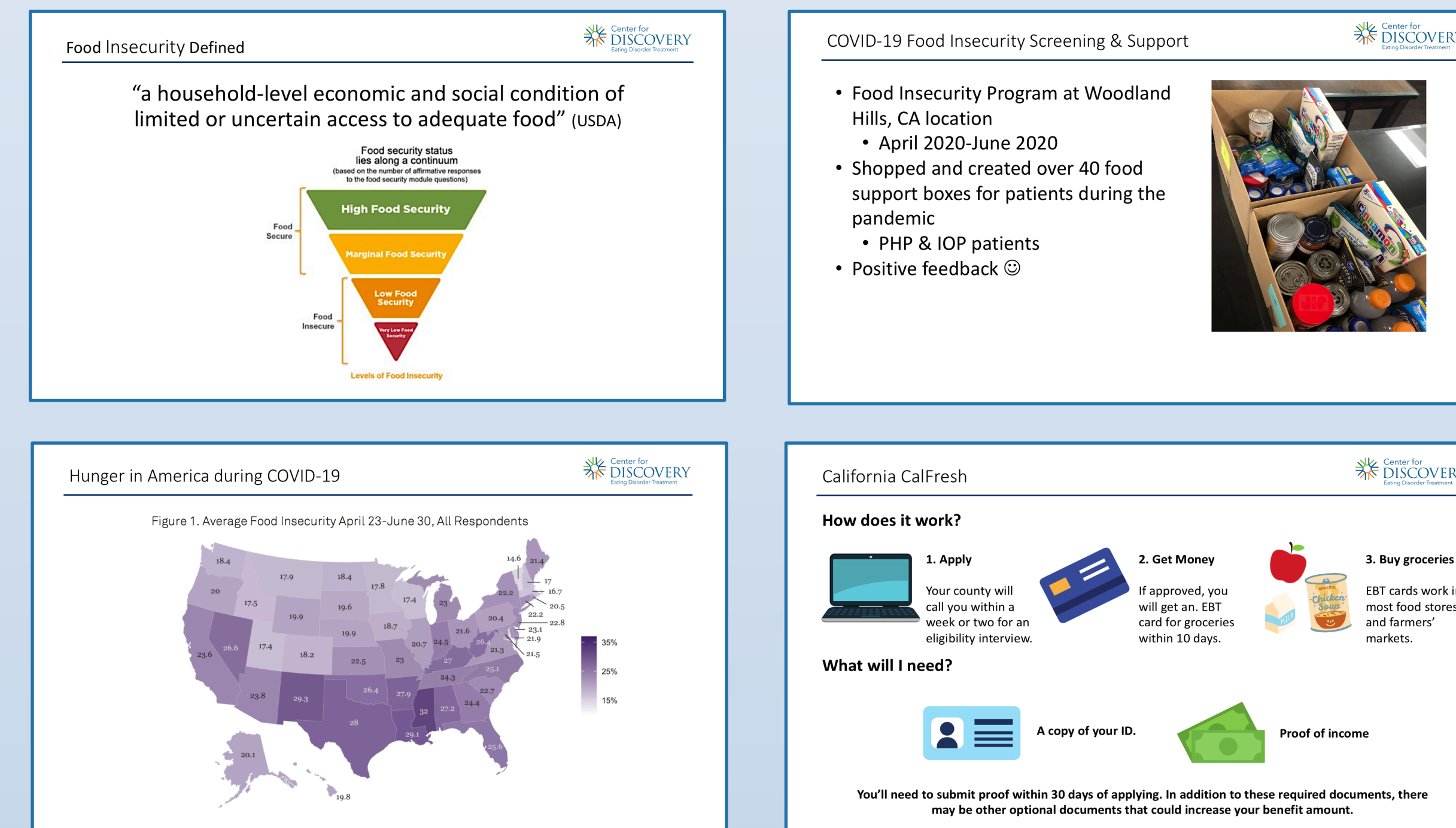
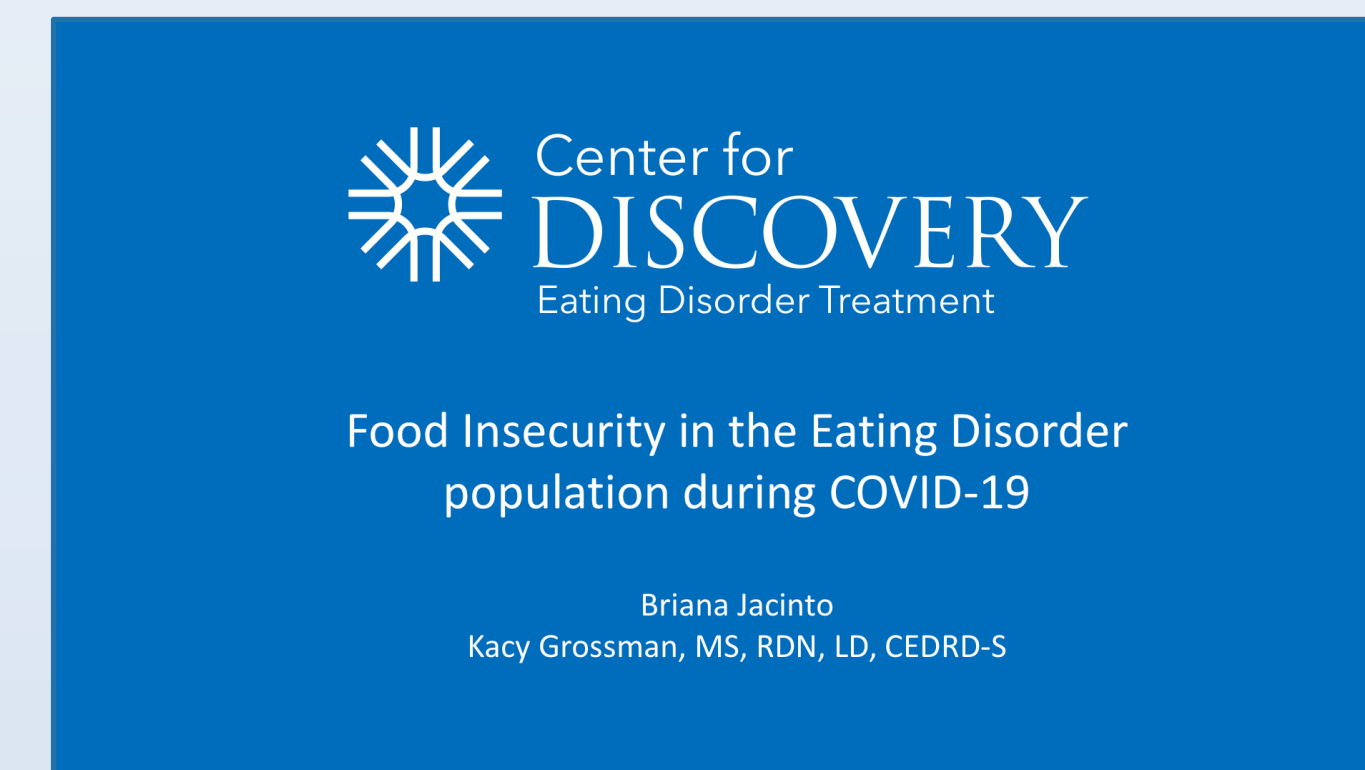
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## Introduction

The COVID-19 pandemic poses unique challenges for individuals with pre-existing mental health conditions, such as individuals with eating disorders. Food insecurity has sky-rocketed and rates hit an all-time high, thus, becoming a new area of concern for this population. In addition, recent literature suggests a lack of knowledge and skills on food insecurity among Registered Dietitian Nutritionists, who play a vital role in eating disorder treatment and recovery.

The **purpose** of this study was to assess the ability of an intervention to elicit changes in the knowledge and attitudes of Registered Dietitian Nutritionists regarding food insecurity working in the eating disorder population during the COVID-19 pandemic.



**Figure 1.** A selection of slides from the Center For Discovery virtual presentation. The lesson included information regarding food insecurity during the COVID-19 global pandemic and ways it has impacted the eating disorder population. Also, the lesson stimulated RDNs to consider their attitudes towards food insecurity and their role in addressing it and included a demonstration on how to complete a food assistance program application, specifically Supplemental Nutrition Assistance Program (SNAP).

## Methods

### Sample Selection

RDNs working at Center for Discovery (CFD) participated in a 1-hour, virtual educational intervention. A total of 19 RDNs participated from different CFD locations across the United States.

### Data Collection

Qualtrics questionnaire developed by researcher with adapted questions from CalFresh Healthy Living Baseline Staff Survey. Utilized a quasi-experimental, one-group Pretest-Posttest design. Piloted to a panel of RDNs working in eating disorder treatment.

### Analysis

Due to a smaller sample size than anticipated, the non-parametric sign test was used to investigate the study hypotheses.

## Discussion

- This study showed that **there were significant improvements** in eating disorder Registered Dietitian Nutritionists' knowledge and attitudes surrounding food insecurity during the COVID-19 pandemic after a 1-hour, virtual educational intervention occurred.
- RDNs in this sample were familiar with ways food insecurity may affect individuals with eating disorders. This may be due to the prevailing amount of recent research that examined the relationship between concurrent food insecurity and disordered eating.
- RDNs were familiar with CFD resources to connect patients with services to aid with food insecurity such as the COVID food security screening and support packages for patients.
- After the intervention and different approaches to discuss this sensitive topic with clients, such as screening all patients, Registered Dietitian Nutritionists' attitude became more confident.
- It is important to note that questionnaire responses that did not show significant change pre to post, started out high to begin, furthering prior knowledge and attitudes surrounding food insecurity in the eating disorder field.

## Conclusion

- This study demonstrated that RDNs working at CFD may have strengthened their knowledge and shifted their attitudes surrounding food insecurity during the COVID-19 pandemic.
- Further research:** Encouraging both RDNs and other mental health professionals working in eating disorder treatment to participate in training on food insecurity is important to bring light on this topic to assure the best quality of patient care.

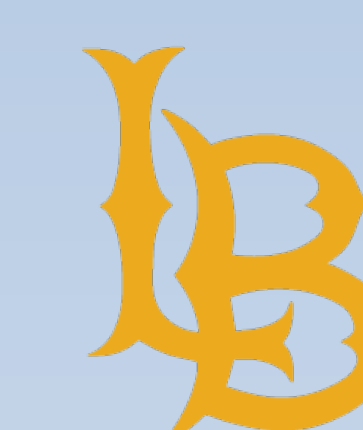
## Acknowledgements

To my amazing committee, thank you for all your guidance, continuous support, and valuable feedback you have provided me throughout this entire process. Thank you to my family and friends. Your immense support and love has allowed me to grow both personally and professionally throughout this research journey. Most importantly, this thesis is dedicated to my dad in heaven.

## Results

Question	Differences	P-Value
<b>Center for Discovery has the resources and capacity such as staff, systems, and tools to help connect patients with services and resources to help with food insecurity.</b>	14 Positive differences 1 Negative difference 4 Ties	<b>.001</b>
<b>I know the difference between low and very low food security.</b>	14 Positive differences 0 Negative differences 5 Ties	<b>&lt;.001</b>
<b>I am familiar with ways food insecurity may affect individuals with eating disorders.</b>	11 Positive differences 1 Negative difference 7 Ties	<b>.006</b>
Higher levels of food insecurity may play a role in relation to eating disorder risk.	3 Positive differences 1 Negative difference 15 Ties	.625
If a patient screens "sometimes" or "a lot" in the Food Security Pre-Assessment during initial dietary intake, I know what the next step is to help the patient.	8 Positive differences 2 Negative differences 9 Ties	.109
<b>I am familiar with Center for Discovery's COVID Food Insecurity Screening and Support packages for patients.</b>	8 Positive differences 1 Negative difference 10 ties	<b>.039</b>
It is the role of the Registered Dietitian Nutritionist (RDN) to connect patients with food insecurity to resources.	6 Positive differences 1 Negative difference 12 Ties	.125
Being able to help connect patients with services and resources to help address food insecurity makes me feel more satisfied about the care Center for Discovery provides.	5 Positive differences 2 Negative differences 12 Ties	.453
<b>I feel confident that I can help connect patients with services that help address food insecurity.</b>	10 Positive differences 1 Negative difference 8 Ties	<b>.012</b>
<b>I feel confident filling out applications for federal assistance nutrition programs such as Supplemental Nutrition Assistance Program (SNAP) or Women, Infant &amp; Children (WIC).</b>	11 Positive differences 2 Negative differences 6 Ties	<b>.022</b>
I am concerned that patients will feel uncomfortable answering questions about food insecurity during initial dietary intake.	4 Positive differences 6 Negative differences 9 Ties	.754

\*P-Values were based on the Non-Parametric Sign Test, Significance <.05.



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