

OP05

Associations Between Home Food Environment during Adolescence and Food-Related Attitudes and Behaviors in Young Adulthood

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OBJECTIVE: To examine if the home food environment during adolescence is associated with eating-related attitudes and behaviors in young adulthood.

METHODS: Population-based, longitudinal cohort study Project EAT (Eating and Activity in Teens and Young Adults). Middle and high-school students in Minneapolis/St. Paul, MN, US (mean age = 15.0 years completed surveys in 1998-1999 and 10 years later in 2008-2009 (mean age = 25.3 years). The current study included 2287 participants (45% male). Principal component factor analysis was used to describe the home food environment during adolescence (healthy and unhealthy foods available, frequent family meals, parent caring about eating healthy and encouraging their adolescents to eat healthy, and enjoyment eating with family) and separately during young adulthood. Outcome variables include healthy and unhealthy food availability, meal enjoyment with family/friends, meal structure (eating less on the run, finding time to sit down and eat, having regular meals), food attitudes (caring and liking the taste of healthy foods), and social eating. Multivariate analysis for each outcome variable was conducted to examine prospective associations. All predictors describing the home food environment along with gender, race, and socioeconomic status were simultaneously included in each model.

RESULTS: Having a positive food environment during adolescence was associated with having healthy foods available at home ($p < .0001$) and with positive food attitudes ($p < .0001$) during young adulthood. Enjoying eating meals with family in adolescence was associated with better meal structure ($p = 0.0012$) and with more social eating ($p < .0001$). Having fewer unhealthy foods available at home during adolescence was associated with fewer unhealthy foods available ($p < .0001$) and positive food attitudes ($p = .0058$) during young adulthood.

CONCLUSIONS: Families providing a positive home food environment for their adolescents may influence the formation of healthy food-related attitudes and behaviors in young adulthood.

Keywords: adolescents, young adults, home food environment, eating-related attitudes and behaviors, factor analysis

OP06

On Your Own Feet Ahead: Does a Quality Improvement Collaborative Strategy Lead to Improved Transitional Care?

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OBJECTIVE: In the Netherlands, adolescents with chronic conditions are often ill prepared for transition to adulthood and transfer to adult care. Health care providers also indicated an urgent need to enhance collaboration between paediatric and adult care. A national four-year innovation programme 'On Your Own Feet Ahead' was set up as a Quality Improvement Collaborative (QIC). Multidisciplinary teams implemented interventions such as developing joint policies, transition clinics, introducing Individual Transition Plans, and encouraging independent health behaviours during consultations. Aim of the evaluation study is to establish the improvements in experiences with transitional care delivery after one year.

METHODS: 30 multidisciplinary teams from 25 different hospitals and rehabilitation centres participated in three rounds by setting goals and changing their own practice within 12 months. For the evaluation, quantitative survey data were collected from providers and adolescents (12-25 years with different type of chronic conditions) at the start (T0) and one year later (T1). To assess adolescents' satisfaction with care we used the 'Mind the Gap' instrument. The providers' survey included a checklist of shortcomings in transitional care.

RESULTS: Paired sample t-tests showed that providers perceived significantly less shortcomings in transitional care after one year, especially in the availability of shared policies and protocols, better co-ordination, availability of more resources, increased responsibility of adolescents regarding self care, better social participation of adolescents, improved compliance, and parents ceding more control to their children. Adolescents were particularly positive about independent health behaviours during consultations and reported feeling more prepared for the transfer to adult care services.

CONCLUSIONS: The QIC strategy seems successful in supporting teams of health care providers to undertake immediate action to improve collaboration in transitional care, in giving adolescents opportunities for independent health behaviours, and reducing most experienced shortcomings. Even in such a short time, adolescents noticed significant changes in transitional care.

Keywords: Transition, transfer, programme evaluation, patient experiences, survey