Eating competence (EC) is a comprehensive model addressing eating attitudes and behaviors that focuses not on nutrients, portion size, or food groups, but rather on enjoying food and eating, paying attention to variety in the diet, attending to signals of hunger and satiety, and preparing meals and snacks regularly with some attention to nourishing food and the environment in which it is consumed.1 Instilling EC is important because studies show that being eating competent is a proxy for many practices associated with a healthful lifestyle, e.g., being more physically active, better sleep quality, less emotional and uncontrolled eating, feeling less stressed, lower BMI, and lower blood pressure.2 However, few interventions have been developed to enhance EC and traditional nutrition education does not usually address EC tenets. Additionally, the limited studies of intervention impact on EC2,3 as assessed by the validated Satter Eating Competence Inventory (ecSI2.0 TM), identify temporary and confounding issues, e.g., amount of time between intervention conclusion and assessment, food security status.

The purpose of this project was to examine change in adult EC over a 12 month period following participation in a controlled 7-month nutrition education intervention4,5 theoretically aligned with the Satter Eating Competence Model.

About Eating Groups (includes EC tenets)

1. About Eating - a 6-lesson online curriculum with eating competence tenets that focused on weight acceptance, food variety, eating enjoyment, physical activity, contextual skills of food and meal management, internal cues of hunger and satiety. (n=111)
2. About Eating and Family Component (n=104)

Groups without About Eating (does not include EC tenets)

1. Family Component - a family-based intervention including a blog, action packs from school to family, recipes, twice yearly family fun nights at school including physical activity and cooking. (n=30)
2. No intervention (n=117)

Table 1. Change from Baseline to 12 months

<table>
<thead>
<tr>
<th>About Eating (n=110)</th>
<th>Non-About Eating (n=109)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>ecSI 2.0™ change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td>1.27 ± 4.75</td>
<td>-0.29 ± 5.95</td>
</tr>
<tr>
<td></td>
<td>.00 ± 1.57</td>
<td>.04 ± 1.4</td>
</tr>
</tbody>
</table>

BL to FU2 ecSI 2.0™ change was not significant when controlling for changes in stress or physical activity. However, compared to those with increased FU2 BMI, ecSI 2.0™ tended to decrease (P=0.06) to increase when BMI was decreased or unchanged, even when controlling for BMI. Pattern of change in eating competence differed between About Eating and non-About Eating groups when status of BMI change was considered (P=0.003).

CONCLUSIONS

~ An intervention with attention to EC congruent tenets showed modest effect on ecSI 2.0™ suggesting that successful programs require attributes that directly align with EC.
~ These programs may be uniquely different from traditional nutrition education.
~ Accurate EC intervention assessment required consideration of BMI change.