

Natalie Zimmer

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Capstone Faculty Advisor: Mary Podrabsky

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Chapter I: Introduction to the University of Washington Greek System

1.1 Introduction

This project focuses on sororities in the University of Washington (UW) Greek system. Within this community there is a great need for eating disorder awareness and resources as well as basic nutrition education and promotion of intuitive eating and body positivity. Although there is not one agreed upon prevalence, research suggests that 9-32% of college women have eating disorders and 25-40% engage in disordered eating behaviors.¹⁻³ These behaviors are especially prominent in the sorority environment.^{1,3-8} Furthermore, the freshman year of college is considered a vulnerable time for the development of negative eating behaviors and body image due to weight gain and a lack of general nutrition knowledge.^{5,9-11} Therefore, sorority women are uniquely positioned to not only face the changes accompanied with the transition to college but also of the social environment in which they live.

1.2 Definition

The UW Greek system is comprised of 19 sororities and 31 fraternities all located north of campus within the Ravenna neighborhood. Women live in sororities and men live in fraternities. Sororities are national social organizations with chapter houses established at various universities. They not only provide housing for college women but academic excellence programs, social activities, networking events, philanthropic involvement, and leadership development opportunities. Sororities have been part of UW since 1896 and are governed by the Panhellenic Association.

1.3 Demographics

There are 19 different sororities at UW, each averaging about 129 women per house, with a community total of 2,443 members. At UW, sorority members are required to live in the house for the first three years, and then seniors typically live outside of the house in nearby rental houses. Although some exceptions exist, it is rare to be a part of a sorority and not live at the house, which is unique to UW

because of the large house sizes, and not common for other sororities around the nation. The average age of sorority women is 18-21 years old. While there are no data on ethnic characteristics specific to UW, a study of 637 sorority women from a large public university reported that 91.9% of the population was white.⁴

Chapter II: Sorority Organizational Structure and Social Determinants of Health

2.1 Decision and Policy Making

There are different levels of oversight for setting policies and making decisions in sororities. Each chapter is mainly self-governed by members voted into leadership house positions. For example, every sorority has a president and vice president along with an executive council to make decisions within the house. The sorority president is able to propose the implementation of new house rules and positions and facilitate the voting of such. Each sorority also has a national governing body that sets standards and rituals unique to each chapter. All of the chapters at UW are governed by the Panhellenic Association, which organizes formal fall recruitment (membership) and assures the community is adhering to set standards.

The most influential people within the Greek community are the Panhellenic president, the Panhellenic executive council, each chapter's advisor, and each chapter's president. The current president of each chapter is included in Table 1. In addition to these stakeholders, influential people for the purposes of this project are the Panhellenic Public Relations Chair, the Panhellenic Vice President of Community Engagement and each house's wellness chair. The wellness chair is a sorority member elected into the position by other members of the house with the responsibility of promoting health within the chapter.

2017 Panhellenic President | Delaney Fry | delaneyfry.panhell@gmail.com

2018 Panhellenic President | Gabby Rivera | phpres@uw.edu

2017 Panhellenic PR | Lexie Hickman | lexi0hickman@gmail.com

2018 Panhellenic PR | Jamie Vanderwall | jamiavamv@gmail.com

Table 1: Current List of 2018 Chapter Presidents

Name	Chapter	Email
Kate Russell	Alpha Chi Omega	axorhopresident@gmail.com
Kara Bretschneider	Alpha Delta Pi	uwadpi.president@gmail.com
Michaela DelPriore	Alpha Gamma Delta	agdpres@gmail.com
Rebecca Cortez	Alpha Epsilon Phi	aephipresuw@gmail.com
Vivian Lappenbusch	Alpha Omicron Pi	aoiupsilonpresident@gmail.com
Rebecca Shoch	Alpha Phi	rebecca.shoch@gmail.com
Lauren Zawacki	Alpha Xi Delta	nuchapterpresident1893@gmail.com
Alyssa Gee	Chi Omega	uwchiopres@gmail.com
Ellie Quinlan	Delta Delta Delta	elliequinlan@gmail.com
Brooke Pasic	Delta Gamma	brooke.pasic@gmail.com
Francesca Petrizo	Delta Zeta	dzkappa.president@gmail.com
Bailey Aggen	Gamma Phi Beta	uwgpb@outlook.com
Morgan Rockey	Kappa Alpha Theta	uwthetapres@gmail.com
Meghan Kearney	Kappa Delta	meghan_r_ Kearney@msn.com
Julia Clark	Kappa Kappa Gamma	clarkjulia007@gmail.com
Lyndsey Kovacich	Phi Mu	lyndseykovacich5@gmail.com
Kate Ericksen	Phi Sigma Rho	phirho.uw.president@gmail.com
Erin O'Halloran	Pi Beta Phi	waalpha@pibetaphi.org
Jane Green	Sigma Kappa	zoethuesmunn@gmail.com
Robyn Powers	Zeta Tau Alpha	ztapres@gmail.com

2.2 Social Determinants of Health

The major social determinants of health for sorority women at UW are the social and environmental pressures from group living, social norms for alcohol consumption, and lack of access to a kitchen and cooking equipment.

Research shows that disordered eating and dieting behaviors increase during the first year of college.^{4,5} The American College Health Association's

National College Health Assessment 2014 found that almost 60% of college females are trying to lose weight.¹¹ Research also shows that sorority women specifically have higher body dissatisfaction and a drive for thinness compared with non-sorority women.^{4,5} Women who joined a sorority freshman year also had a greater drive for thinness junior year than college women who did not join a sorority.⁷ Group living with more than 100 other women perpetuates the dieting culture and fosters the desire to be thin.¹²

There is also a very dominant drinking culture in college, especially in Greek systems. The 2015 National Survey on Drug Use and Health confirmed a higher drinking prevalence in college students compared to non-college students, and a review by Barry (2007) found that students in the Greek system consumed alcohol in greater quantities and more frequently than students not in the Greek system.¹³ Similarly, another study found that first-year students in the Greek system reported greater number of drinking days within the past month than students not in the Greek system.¹⁴ Binge drinking rates were also greater in members of the Greek system than compared to students outside of the Greek system.¹³ Alcohol consumption directly impacts both physical and mental health, e.g., nutrient deficiencies, heart disease, liver disease, depression, and anxiety.¹⁵ There are also well-documented relationships between alcohol consumption and eating disorders and disordered eating behaviors.^{16,17}

The physical sorority environment and meal structure also impacts nutrition choices. There are no nutrition standards for meals served in sororities, and meals are prepared by a chef and served buffet style. While there is very limited research on buffet style eating and increased energy intake, buffets offer members opportunities to select unlimited portions of food. One study showed that when larger portions are provided, more food is consumed.¹⁸ In addition, sorority members have limited access to a kitchen and cooking equipment, and are therefore unable to cook meals for themselves. Although lack of access to a kitchen and buffet style eating does not directly relate to unhealthy eating, it provides a

barrier to individualized food choices, which may or may not affect eating behaviors.

2.3 Project Relevance

The social determinants of health specific to sorority women at the University of Washington informed the development of *The Wellness Project*, an online resource with various handouts published on Panhellenic's website. To address the social pressures of group living and high prevalence of eating disorders/disordered eating patterns, the wellness chairs and presidents of each chapter have been encouraged to share *The Wellness Project* with their chapter. A printed guide was also distributed to each chapter during Panhellenic's Wellness Week. To address the limited access to a kitchen and buffet style eating there is a handout on how to eat buffet style and healthy breakfasts and snack ideas using what is available. A handout on alcohol is also included.

The strongest determinant of health in the sorority environment is the social pressure to be thin, which leads to dieting, negative body image, and eating disorders.⁴ Therefore, the main focus of *The Wellness Project* is on eating disorder prevention through promoting body positivity, self-compassion, normal eating patterns, and intuitive eating. These concepts are interwoven into each handout and emphasized in two resource lists. The first is a list of non-diet practicing registered dietitians willing to give a sorority talk and the second is a resource list with books, blogs, and Instagram accounts specifically focused on a non-weight and non-diet approach to health.

Chapter III: Nutrition and Health Assessment of College Students

3.1 Sources of Existing Data

The major sources currently available to assess the nutrition and health status of college students are:

- National Institute on Alcohol Abuse and Alcoholism through National Institute of Health (NIH)
- 2015 National Survey on Drug Use and Health
- Research studies on eating disorders, college women, college health
- American College Health Association's National College Health Assessment

3.2 Commonly Used Tools to Collect Data in Eating Disorder Research Studies

- Eating Disorder Examination-Questionnaire (EDE-Q)^{5,19}
- Dutch Restrained Eating Scale (DRES)⁵
- Rosenberg Self-Esteem Scale (RSE)^{5,20}
- Body Shape Questionnaire (BSQ) ⁵
- Body Mass Index Silhouettes⁴
- Eating Disorder Inventory (EDI) ^{1,4,7}
- Focus groups ¹⁰
- SCOFF screen (5 item questionnaire to diagnose likelihood of ED)⁶
- Intuitive Eating Assessment Scale²⁰⁻²²
- Self-compassion Scale^{20,23,24}
- Weight Management Questionnaire²
- Center for Epidemiological Studies- Depression Scale¹

3.3 College Student Nutrition and Health Behaviors

Alcohol

Alcohol consumption patterns of adults in college differ from those who are not in college. Figure 1 compares the prevalence of drinking, binge-drinking, and heavy alcohol use among 20,604 college and non-college students, age 18-22 years old, who reported alcohol use in the past month on the 2015 National Survey on Drug Use and Health. ²⁵

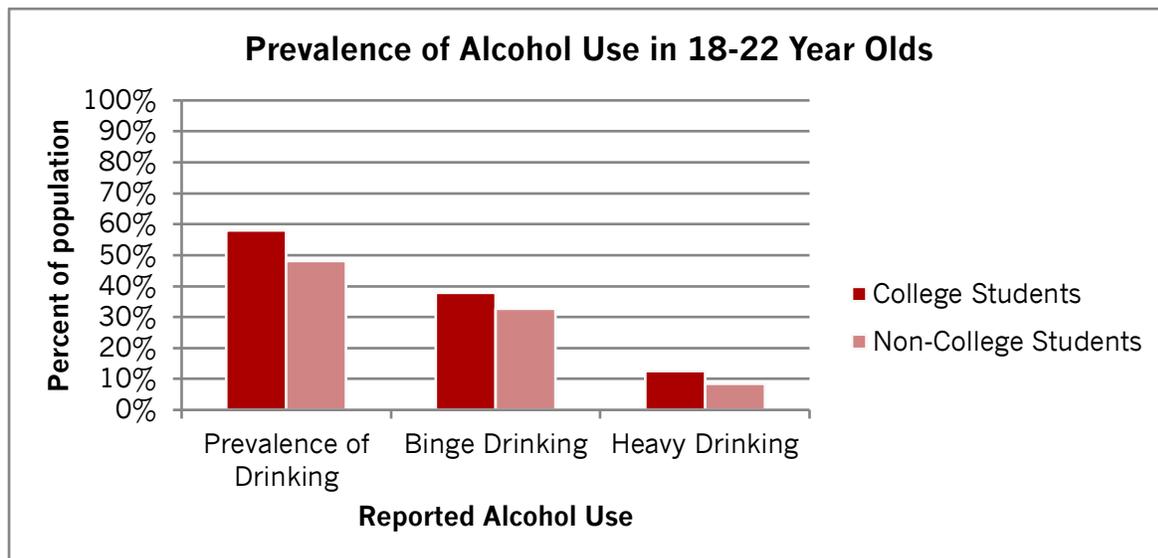


Figure 1: Alcohol Use in College and Non-College Students²⁵

*Binge Drinking is ≥ 4 drinks for women and ≥ 5 drinks for men in 2 hours²⁵

*Heavy Drinking is binge drinking on ≥ 5 days in past month²⁵

Consequences of Alcohol Use in College Students Each Year²⁵

- 1, 825 deaths from unintentional injuries
- 696,000 assaults by another student who has been drinking
- 97,000 reported sexual assaults
- 1 in 4 report academic consequences

Relevance of Alcohol Use on Nutrition and Health

- Alcohol inhibits absorption of vitamins essential for proper body functioning, such as folic acid and thiamin.²⁶
- Chronic binge drinking can result in liver disease and declining brain function.¹⁶

- There is a high comorbidity between alcohol use and eating disorders¹⁶
- 43-80% of college women diet and female dieters are at increased risk of alcohol related injury and blackouts.^{16,27,28}

Nutrition and Dieting Behaviors

Figure 2 shows the frequency of fruit and vegetable intake among 50,375 female respondents from 140 U.S. universities to the American College Health Association’s 2014 National College Health Assessment ¹¹

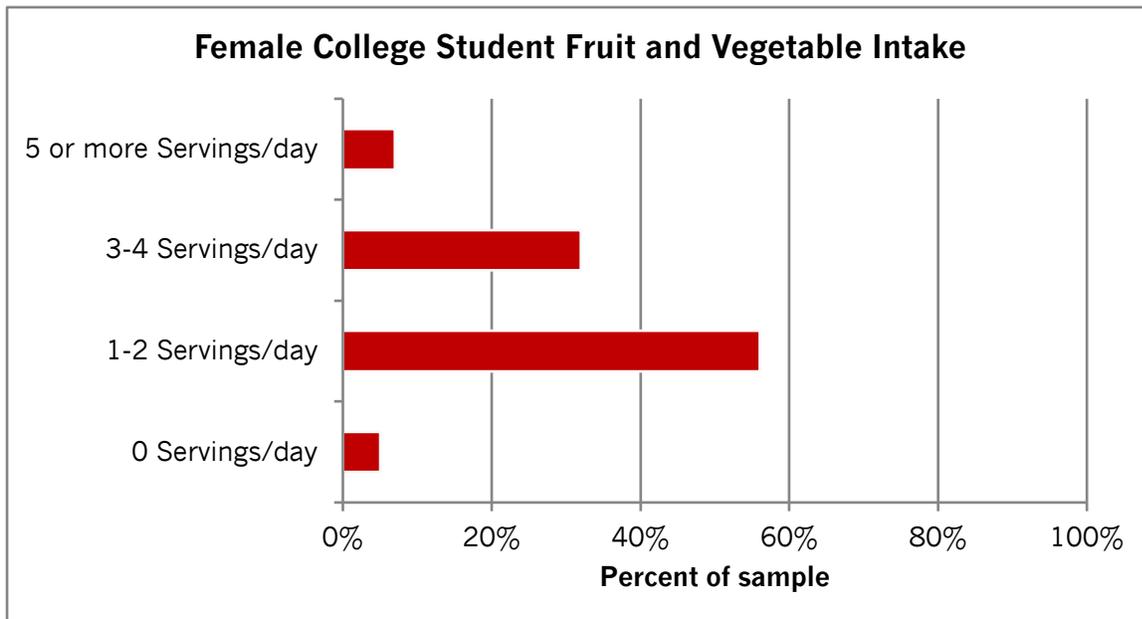


Figure 2: Female College Student Fruit and Vegetable Intake¹¹

As seen in the figure above, US college students do not meet the recommended daily servings (5 or more) of fruits and vegetables.^{9,11,29} Another study revealed that college students want to eat healthy but lack knowledge of food guide recommendations and have low self-efficacy for consumption of vegetables.⁹

Figure 3 shows the weight-management goals of 50,383 female respondents to the 2014 National College Health Assessment. This assessment also found that 64% of female respondents are interested in receiving information about nutrition from their college.

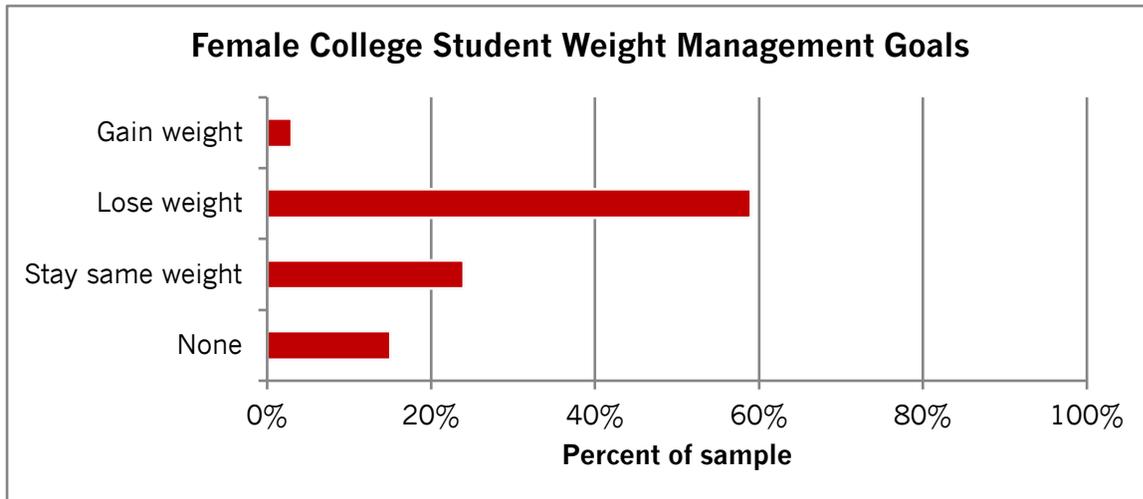


Figure 3: Female College Student Weight Management Goals¹¹

- High rates of dieting, body dissatisfaction and disordered eating among college students.^{4,5}
- Dieting is a risk factor for binge eating, disordered eating behaviors, and eating disorders.^{2,5}

Eating Disorders

No single national survey collects information on eating disorder (ED) prevalence on college campuses. There are however, individual studies with varying rates, which are summarized in Table 2.

Table 2: Eating Disorder Prevalence Estimates from Key Literature

Author	Sample Size	Prevalence of ED
Eisenberg et al, 2011	677 college females	13.5%
Berg et al., 2009	324 college females	10-15% ED
White, 2011	440 college females	32.6% ED (includes EDNOS*)
Taylor et al., 2006	430 college females	9%

*EDNOS: Eating Disorders Not Otherwise Specified

As seen in Table 2, there are varying estimates of eating disorder prevalence due to use of different assessment tools, and variations among methods of classification, diagnosis, and inclusion/exclusion criteria for disordered eating behaviors.

- Entering college is a high risk period for eating disorder development.⁵
- One study showed that eating disorder behavior in college women increased from 23.4% in 1995 to 32.6% in 2008, concurrent with an increase in weight loss dieting from 4.2% in 1995 to 22% in 2008. Dieting is an important predictor/risk factor of eating disorder development.²
- While only 6% of college women reported having anorexia or bulimia in one study, 25-40% reported less severe eating, weight and body shape related problems, such as body image worries, weight management behaviors and binge eating.³
- Anorexia nervosa has highest mortality rate of any psychiatric disorder.^{8,30}

Sorority Women Body Image

Women in sororities have unhealthy views of ideal body size. In a 1997 study, 611 sorority women were asked to select silhouettes of the size they thought women *should* be. As seen in Figure 4, 63.7% selected underweight figures. 36% selected normal weight figures, and 0.3% selected overweight figures.

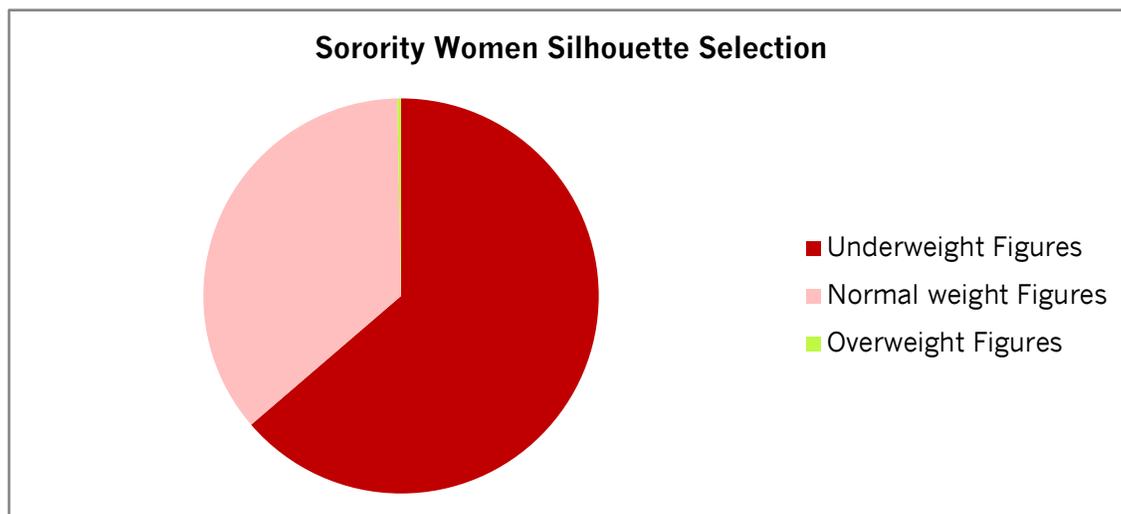


Figure 4: Sorority Women Silhouette Selection⁴

- Compared to samples of other college women, sorority women scored higher on measures for drive for thinness and body dissatisfaction. Sorority women also have a greater fear of becoming fat and are more weight preoccupied than other college populations.⁴
- Sorority membership contributes to an increase in dieting, trying to lose weight, and using pills to lose weight. ⁸

Women who joined a sorority freshman year had a statistically significant greater ($p < 0.05$) drive for thinness based on the Eating Disorder Inventory by junior year compared to women who did not join a sorority. ⁷ Results from this study are shown in Figure 5.

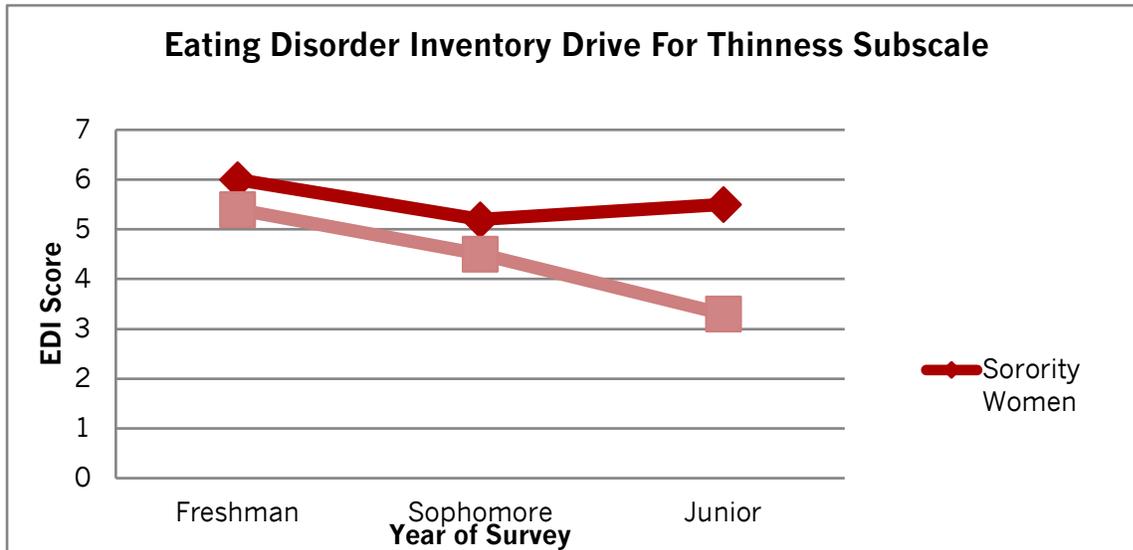


Figure 5: Changes in Drive for Thinness Among College Women⁷

Chapter IV: Eating Disorders

4.1 Relevance of Eating Disorders

Eating disorders are psychiatric conditions “characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning.”³¹ The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5) recognizes and provides diagnostic criteria for Anorexia Nervosa (AN), Bulimia Nervosa (MN), Binge Eating Disorder (BED), Other Specified Feeding or Eating Disorders (OSFED), and Unspecified Feeding or Eating Disorders (UFED). Anorexia Nervosa is characterized by starvation and extreme weight loss, concurrent with extreme fears of gaining weight and a distorted self-perceived body image. Bulimia Nervosa defines a perpetual cycle of binge eating followed by compensatory behaviors such as vomiting, laxative use, or intense exercise. While AN and BN have traditionally been considered the most common eating disorders, BED has become more prevalent in recent years and is characterized by eating a large amount of food in a short period of time and feeling out of control during binging episodes. Other Specified Feeding or Eating Disorders is diagnosed when someone has symptoms of an eating disorder that does not meet all of the criteria for a specific disorder and UFED applies when someone is experiencing distress or impairment of functioning related to eating that does not fit under any specific disease criteria.³¹

The psychological and physical consequences of eating disorders include mortality, depression, anxiety, alcohol abuse, suicide and social isolation.^{30,31} In fact, eating disorders have the highest mortality rate of all mental disorders in the United States, both from the disease itself and an increased suicide risk. ³⁰ Furthermore, each disorder results in various adverse health outcomes, such as bradycardia, amenorrhea, dental erosion, and bone loss in AN, and cardiac

arrhythmia, esophageal tears, fluid/electrolyte imbalances, and dental erosion in BN.³¹

Eating disorders most commonly manifest in females between 18-21 years of age, which is why college is considered a high risk time for eating disorder onset.³² Sorority women are one college population in particular that have higher rates of disordered eating behaviors and eating disorders compared to other college women, which is why sorority women are the main focus of this capstone project. ^{4,7,8}

4.2 Determinants and Influencers of Eating Disorders

There is not one determined cause of eating disorder development; rather, many factors may contribute. Eating disorder development has been associated with genetics, social pressures, family factors, childhood abuse, low self-esteem and perfectionist and obsessive personality traits.⁸ Comorbidities with depression, anxiety, substance abuse, and bipolar disorder have also been well established.³¹ Although not causal, dieting², sorority membership⁸, weight and shape concerns³³, body dissatisfaction¹, and society and media³⁴ have been correlated with eating disorder development, all of which are targetable upstream determinants in eating disorder prevention efforts.

Dieting

The transition to college is often accompanied by weight gain and subsequent dieting behaviors.^{5,35} Dieting leads to more weight gain, which compounds the attempt at losing weight. In one study of college students, those currently dieting to lose weight gained twice as much weight as former dieters and three times more weight than individuals who have never dieted.³⁵ Dieting is also influenced by society's focus on the thin ideal and social media.³⁶ Studies have also established a direct link between dieting and eating disorder development, which is why dieting is considered a risk factor for eating disorders.²

Body Image

Weight gain during college is also associated with the development of body dissatisfaction.⁵ The American Psychiatric Association considers body dissatisfaction and body shame predominant elements to the development of disordered eating and thus eating disorders.³¹ Moreover, one study found that as body dissatisfaction decreased so did binge eating and bulimic attitudes, suggesting that having a negative body image is a risk factor for eating disorder behavior and that targeting body image thoughts may be an effective approach to decreasing eating disorder prevalence in college women.¹

Sorority Membership

Although dieting and body dissatisfaction are very common among college women, sorority women report even higher rates of dieting and weight and shape concerns than those outside of sororities.^{4,8} The literature suggests that sorority members have a higher drive for thinness and engage in more disordered eating behaviors such as vomiting, and laxative and pill use than non-sorority woman.^{7,8} Furthermore, a study by Schulken and colleagues found that compared to other samples of college women, sorority women are more weight-preoccupied, dissatisfied with their bodies, and have a greater fear of becoming fat.⁴

One possible explanation for the relationship between sorority membership and increased eating disorders and disordered eating patterns is the social influences, group living, and cultural norms of being thin associated with the sorority environment.⁴ Greek communities are also well known for their excessive drinking culture, and restricting food intake to save calories for drinking to avoid weight gain has become a phenomenon.^{13,14,17} This restrictive eating behavior prior to drinking has been termed “drunkorexia” and is becoming prevalent among college women.^{16,17} In one study 30% of college females reported consuming less food prior to drinking and 12% did so to avoid weight gain.¹⁶ Alcohol abuse is often a comorbidity with eating disorders, and alcohol intake contributes to weight gain and thus body dissatisfaction and dieting, which all intersect and influence the development of eating disorders.

Social Media

In addition to alcohol abuse, depression and anxiety are also correlated with eating disorders.^{6,31} While depression and anxiety are mental disorders with various etiologies, one targetable contributor to depression is social media.^{36,37} Social media has become a platform to perpetuate societies thin ideal and studies have shown that it also contributes to body dissatisfaction in women.²⁸ Specifically, one study demonstrated that college women who viewed social media images of thin and fit models had greater negative feelings about their bodies than other experimental groups.³⁶ Since social media is associated with depression and body dissatisfaction, two correlates of eating disorders, it is an appropriate element to target in eating disorder prevention efforts.

Targetable Upstream Determinants

It is well established that sorority women have higher rates of eating disorders than other college women and are more likely to diet, drink alcohol, have a negative body image, be weight preoccupied, and engage in disordered eating behaviors. The interactions of these factors are represented in Figure 6. Therefore, interventions focused on eating disorder awareness, body positivity, self-compassion, normal eating, and avoiding drunkorexia and dieting are warranted.

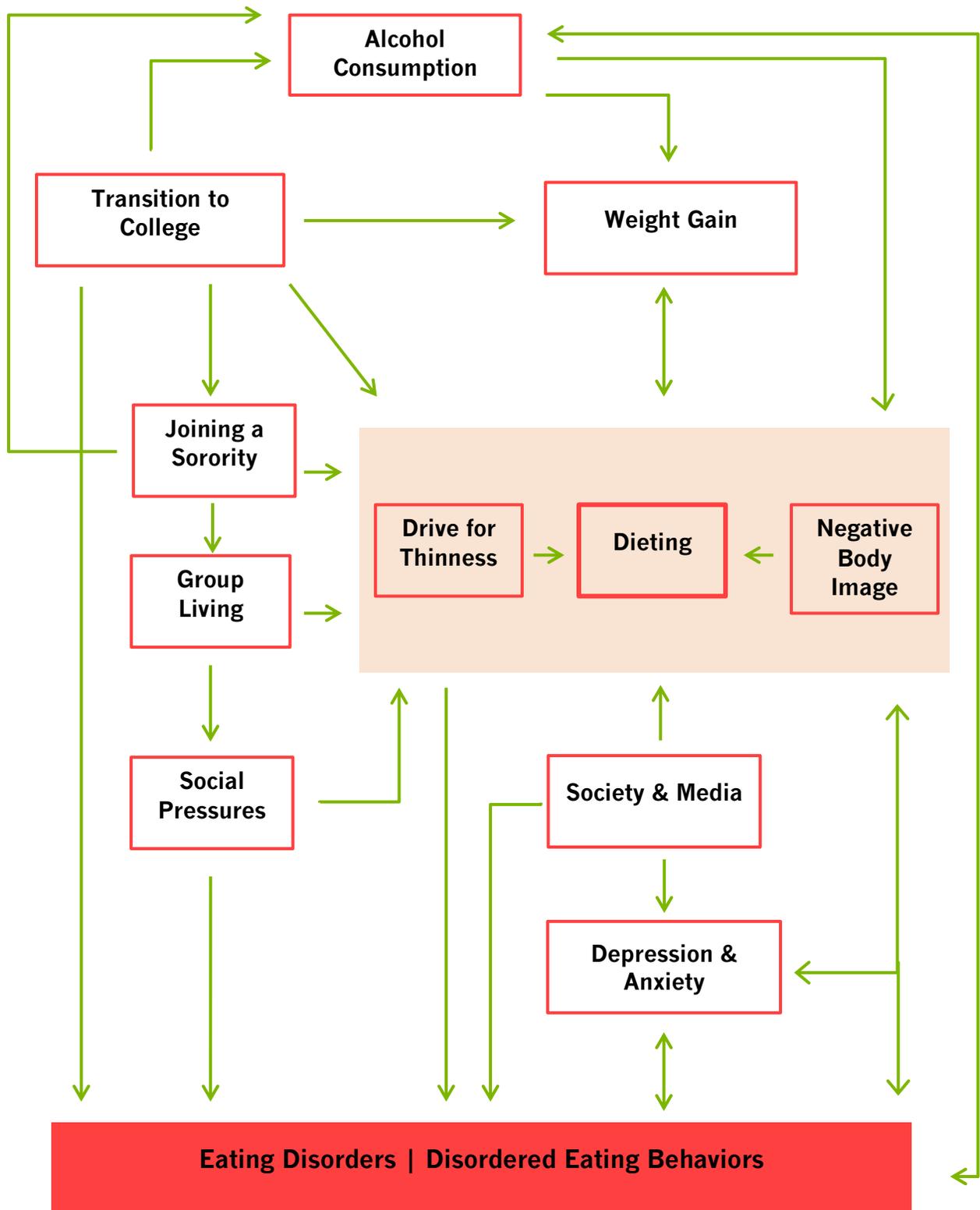


Figure 6: Interaction of Factors Contributing to Eating Disorders^{1,2,4-6,8,13,14,17,33-35,37,38}

Chapter V: Existing Eating Disorder Resources at the University of Washington

5.1 Available Resources

While Seattle has four highly regarded, research-based eating disorder treatment centers, eating disorder prevention efforts are lacking. Seattle is not alone, as nationwide, most attention has been on eating disorder treatment strategies rather than putting resources into prevention. The majority of the literature around eating disorders is on risk factors for development and effective treatment, with limited supporting evidence on how to prevent eating disorders. This gap in the literature, current practice, and conversation around eating disorders is why resource development focused on eating disorder prevention in the particularly vulnerable sorority population is needed.

Analogous to the lack of focus on eating disorder prevention on a larger scale, the University of Washington has limited resources available for students addressing the upstream determinants of eating disorders. There are no eating disorder awareness campaigns, no registered dietitian available to students to address body and eating concerns, and no eating disorder focused registered student organizations. Instead, most of the resources available focus on diagnosis and treatment.

One such treatment-focused resource is Hall Health, UW's student clinic. Hall Health has physicians who specialize in diagnosing eating disorders and who make referrals to local eating disorder dietitians or treatment centers depending on the severity. The UW Counseling Center also identifies eating disorder behaviors in clients and makes referrals to local registered dietitians.

The University of Washington also has a student lead Sizeism/Weightism Advocacy group that works to eliminate discrimination and oppression based on size and weight. Their mission is to create allyship for those of diverse sizes, and people struggling with body image issues or eating disorders. The group consists of doctoral, master's and undergraduate students with limited faculty involvement.

While this work is needed to challenge society's unrealistic body ideals, it does not specifically focus on eating disorder prevention strategies.

Similar to UW, the Greek community also has limited resources relating to health, nutrition, and eating disorders. The Panhellenic Association hosts a Wellness Week each spring, which historically has included one optional nutrition talk. In addition, many sororities often bring in speakers to talk about various topics, one of which is nutrition. Yet the speakers are not always credible dietitians, and having a nutrition focused talk is not required.

Although there are some efforts involving body positivity and talks about healthy lifestyle choices on campus, the main eating disorder related resource is Hall Health, which unfortunately focuses on treatment rather than prevention.

5.2 Effectiveness of Current Resources

While recognizing, diagnosing, and directing towards help is extremely important for individuals with eating disorders, the literature suggests that a small percentage of people with eating disorders actually seek medical treatment and only 10% of those with eating disorders are ever treated.⁸ Additionally, in one study, less than 10% of students identified as having eating disorder symptoms were even diagnosed.⁶ Furthermore, eating disorders are hard to cure, as rates of reoccurrence range from 22%-51%.³⁹ Therefore, while Hall Health is a valuable resource for individuals with eating disorder symptoms, there is a large percentage of people with such symptoms that never get diagnosed or seek treatment, suggesting that the treatment-focused approach is not the most effective. Thus, there is a great need to address disordered eating behaviors and negative body perceptions before they become full blown eating disorders requiring intensive treatment.

Chapter VI: The Wellness Project

6.1 The Project

To address the high rates of eating disorders/disordered eating behaviors among sorority women and the lack of prevention efforts on UW campus, *The Wellness Project* was designed and implemented as an online resource, published on Panhellenic's website (<https://www.uwpanhellenic.com/wellness>). It is composed of various resources and handouts that specifically address the determinants of eating disorders. Every topic presented is supported by research and has been shown to be effective in eating disorder prevention programs. The main areas of focus of the resource are raising awareness about eating disorders, testing one's own relationship with food and body, and promoting the non-diet, non-weight focused approach to health, which encompasses education on not dieting, normal eating, intuitive eating, body positivity and self-compassion. *The Wellness Project* is divided into five sections: "Resources," "Test Yourself," "Nutrition & Eating," "Love Yourself," and "Eating Disorders."

Resources

The "Resources" section has three handouts. The first is a list of local non-diet practicing registered dietitians who would be willing to give a talk to a sorority. The second is a list of various Instagram accounts, books, and blogs focused on body positivity and the Health At Every Size (HAES) movement to combat the glorification of the thin ideal in social media. As mentioned above, social media images of thin fit models is associated with depression, anxiety, and negative body image, three risk factors and comorbidities of eating disorders, which is why body positive social media is needed.^{36,37} The final handout in this section titled "Where To Get Help" is a list of local eating disorder treatment centers and numbers to call to get help or to ask questions. Links to self-evaluation quizzes are also provided to help people assess if treatment is needed.

Test Yourself

The “Test Yourself” section includes handouts designed for sorority women to assess where they are in their pursuit to health through eating and body image. One handout titled “What Does Normal Look Like?” is a side by side comparison of normal versus disordered eating and exercise behaviors. Similarly, the “Intuitive Eating Assessment Scale” is included to introduce the idea of intuitive eating and help the women determine where they fall in their attitudes about food and eating. Evelyn Tribole, the creator of the intuitive eating approach, granted permission for the use of the assessment scale in this project.

Nutrition & Eating

The largest section of the guide is “Nutrition & Eating.” This section includes handouts on normal eating, intuitive eating, dieting, alcohol, eating buffet style, carbohydrates, breakfast and snack ideas, healthy eating, and articles on carbohydrates, fat and protein. Normal eating and intuitive eating were included because research has shown that normal/intuitive eaters have less disordered eating behaviors and body dissatisfaction, which is linked to eating disorder development.^{40,41} Dieting is discussed because one study reported that 43% of college women diet, and it is considered a risk factor for eating disorders.^{2,28} Alcohol was also included because of the dominant drinking culture in Greek communities and the phenomenon known as drunkorexia.^{16,17} All sororities serve food buffet style and offer limited access to a kitchen, which is why handouts on tips for healthy eating buffet style and simple breakfast and snack ideas with what food and equipment is available is included. The rest of the handouts in this section are focused on MyPlate guidelines, information on macronutrients, and addressing the myth that carbohydrates are unhealthy, because studies show college students lack nutrition knowledge and are below the recommended dietary guidelines.⁹⁻¹¹

Love Yourself

“Love Yourself” consists of two handouts on positive body image and self-compassion. Self-compassion is a tangible way to cultivate positive body image

and has been shown to reduce body dissatisfaction, body shame, depression, anxiety and stress.^{23,42} It is a teachable skill and therefore has the potential to improve sorority women's overall wellbeing.

Eating Disorders

The final section "Eating Disorders" includes eating disorder statistics, red flags for sorority women to look out for in themselves and others, and a guide on how to talk to a loved one about an eating disorder. It also has handouts on each diagnosable eating disorder to educate the women on different types of eating disorders.

The second component of the project is integration and promotion of *The Wellness Project* in each sorority house. All of the sororities, except four, have some type of wellness chair in place. The project vision is to have each wellness chair promote *The Wellness Project* and disseminate handouts to the chapter via email, posting on social media, and printing and posting in house common areas. Having the wellness chair promote the project is supported by Social Cognitive Theory (SCT) and research that shows college students are more receptive to information provided to them by their peers.¹⁰ Many of SCT's constructs are also interwoven into the handout designs and content, and the effectiveness of using SCT in eating disorder prevention is discussed below.

6.2 Supporting Evidence of Eating Disorder Prevention and Handout Topics

In an ideal world, eating disorder prevention programs would reduce eating disorder development, but the current literature around prevention does not support this relationship. Due to inadequate resources and funding there are few randomized controlled trials and limited follow-up to confirm eating disorder onset, making eating disorder prevention program efficacy hard to evaluate. Therefore, the bulk of prevention evidence mainly focuses on the reduction of eating disorder symptoms and risk factors, such as pressures to be thin, body dissatisfaction, depression, and dieting, as a way to measure the program's success.⁴³

The largest studied eating disorder prevention intervention proven to be effective in reducing eating disorder symptoms and weight and shape concerns

among college students is *Student Bodies*, an 8-10 week internet based cognitive-behavioral program. *Student Bodies* focuses on enhancing body image, reducing binge eating, and increasing knowledge about eating disorder risks via online education sessions, assignments, self-reflective work, and moderated discussions. The content of the program includes normal eating, harms of dieting and eating disorders, self-esteem, food myths, social media, and mindful/intuitive eating.^{33,44}

The Research Supporting *Student Bodies*

Taylor et al. (2006) conducted the first study to show that eating disorder behaviors can be prevented in high risk groups through the use of the *Student Bodies* intervention.³³ This randomized controlled trial studied 206 college women, aged 18-30 years, who received the 8 week online intervention and 215 women on the waitlist, i.e. the control group. All participants were considered high risk for developing eating disorders as determined by the Weight Concerns Scale (WCS). Women who met the DSM-IV criteria for eating disorders, currently had an eating disorder diagnosis, or had received eating disorder treatment within the past 6 months were excluded. Eating disorder attitudes and behaviors were assessed at baseline, immediately after the course and 1-3 year follow-ups using the WCS, Eating Disorder Inventory (EDI), and Eating Disorder Examination Questionnaire (EDE-Q). A higher score on all assessment tools indicated higher risk of eating disorders and weight and shape concerns.

Adherence to the online program was monitored by the percentage of web pages accessed by the participants and was 79% overall. Participants with a higher adherence had reduced scores on the WCS, EDE-Q restraint subscale, and EDE-Q weight concerns subscale, showing that committed participation in *Student Bodies* lead to decreased concerns with weight, shape, and food restriction. Results also showed a significantly greater decrease in shape and weight concerns in the intervention group that was sustained over 3 years compared to the control group. Although a difference in the overall decrease in eating disorder development was not observed between study groups, there were less diagnosed eating disorders in

two subgroups of the intervention arm; those with an elevated BMI and those with compensatory behaviors (vomiting, laxative and diuretic use) at baseline.

The advantages of this study was the randomized controlled design, the use of validated assessment tools, and a 3 year follow-up. Limitations include the inability to generalize the results to different regions, age groups, or the general population as it was done only in college females in California. Moreover, only individuals at high risk for eating disorder participated in the study. The methods of the study also utilized retrospective self-reporting measures, which could serve as a barrier to accurate results.

The largest criticism of the study is that 43 participants developed eating disorders (9%), and there were no differences in eating disorder development between the intervention and control groups. This result suggests that *Student Bodies* is not effective at reducing eating disorder development in at-risk college females. However, weight and shape concerns are considered a risk factor for eating disorders and *Student Bodies* did reduce weight and shape concerns in the intervention group. Thus, it is appropriate to conclude that *Student Bodies* reduced risk factors associated with eating disorders and the risk of eating disorders in college women with elevated BMI's and/or low-levels of compensatory behaviors that do not fit the criteria for a clinically diagnosed eating disorder.³³

In addition to Taylor et al. (2006), more than 10 randomized controlled trials have been conducted on *Student Bodies* since its development in 1998. Beintner et al., (2012) conducted a meta-analysis with six U.S. and four German *Student Bodies* trials, with a total of 990 participants. The studies in the meta-analysis included both high risk for eating disorder participants and no to low risk individuals. The methods for assessing eating disorder attitudes and behaviors (WCS, Body Shape Questionnaire, EDI) were similar between the studies. Results showed that those who participated in *Student Bodies* experienced improved eating disorder attitudes, such as a reduced negative body image and desires to be thin. The intervention groups also demonstrated increased knowledge about healthy eating, exercise, weight regulation and eating disorders.⁴⁵ Overall, *Student Bodies* has shown

promising results and has the potential to reduce risk factors associated with eating disorders as well as eating disorder development in certain high-risk groups.

While *The Wellness Project* is not an interactive, structured, 8 week course, it is an online platform and the content of the handouts directly align with that shown to be effective in the *Student Bodies* intervention, i.e., promotion of intuitive eating, normal eating, positive body image, self-esteem, and education on harms of dieting and eating disorders. In addition to the efficacy of the topics used in the *Student Bodies* intervention, evidence also supports not dieting, intuitive and normal eating, and self-compassion to mitigate negative body image, which helped inform this projects handout development.

Dieting

It is well established that a large percentage of college students diet and that dieting is a risk factor for eating disorders.^{2,28} The main reason for dieting is weight control or weight loss, yet there is an overwhelming amount of evidence that diets do not lead to long-term weight reduction. One study found that having a history of weight loss dieting predicted greater weight gain over time.³⁵ The same study also observed that current dieters gained twice as much weight as former dieters and three times as much weight as people who have never dieted.³⁵ Dieting slows the metabolism, which is why it is harder and harder to lose weight each diet and why weight loss is hard to maintain.⁴⁶ Because weight is so readily regained after a diet, people attempt to diet again, lose weight, and then gain it back. This loss and regain of weight is known as weight cycling, and has been associated with adverse health effects. The unintended consequences of weight loss dieting and weight cycling include reduced bone mass, hypertension, inflammation, increased mortality, and greater emotional distress.^{41,47} All of these outcomes, weight gain, and an increased risk of eating disorders are counterintuitive to what diets promise, yet many college students still diet. Thus, there is a need for dieting education, which is why dieting is included in *The Wellness Project*.

Intuitive Eating

An alternative to dieting that is effective at reducing disordered eating behavior is intuitive eating, i.e., following the body's innate hunger and fullness cues. A review by Schaefer and Magnuson (2014) examined 24 intuitive eating studies and reported an association between intuitive eating and improved body image, physical activity, self-esteem, and eating habits, and reduced drive for thinness, restricting, dieting, anxiety, and depression.⁴⁸ Furthermore, intuitive eating education has also proven to improve college student's unconditional permission to eat and reliance on hunger cues, two key components of intuitive eating, which shows teaching intuitive eating can be effective²¹

Intuitive eating is also a part of the larger Health At Every Size (HAES) approach, which focuses on promoting the acceptance of all body shapes, achieving health regardless of weight, and the intrinsic motivations for exercise. Evidence from six randomized controlled trials suggests that the HAES approach to health, which includes intuitive eating, is associated with reduced blood pressure, blood lipids, and eating disorders, and increased physical activity, self-esteem, and body image.⁴¹ Therefore, the inclusion of intuitive eating in *The Wellness Project* is validated.

Normal Eating

Similar to intuitive eating is normal eating, referred to as competent eating in the literature. Ellyn Satter coined the term and developed the Satter Eating Competence Model (ecSatter) as a way to define and study "normal" eating patterns. This model posits that competent eaters have "1) positive attitudes about eating and about food, 2) food acceptance skills that support eating an ever-increasing variety of available food, 3) internal regulation skills that allow intuitively consuming enough food to give energy and stamina and to support stable body weight, and 4) skills and resources for managing the food context and orchestrating family meals."⁴⁹

In addition to the ecSatter model, the ecSatter Inventory (ecSI) was developed as a way to measure and assess eating competence. This 16 item tool

has been validated by comparing responses to other already validated assessment tools, such as the Eating Disorders Inventory-2, Three Factor Eating Questionnaire, a Food Preference Survey, Fruit and Vegetable State of Change Algorithm, and the Expanded Food and Nutrition Education Program questions.⁴⁰

Using the ecSI, research has shown that competent eaters have less restrained eating, weight dissatisfaction, hunger, drive for thinness and other eating disorder symptoms.⁴⁰ Those classified as competent eaters through the ecSI also have been shown to follow a higher quality diet, i.e., higher fiber, vitamin A, E, C B, iron, and mineral intakes, compared to less competent eaters.⁵⁰ Moreover, greater eating competence scores were associated with higher HDL cholesterol levels and lower blood pressure in a study of hypercholesterolemic participants.⁵¹

Eating competence classifies behaviors of normal eating and is associated with less eating restraint, weight dissatisfaction, and drive for thinness which are all risk factors for eating disorders. There are also many other positive outcomes with competent eating, such as higher diet quality and reduced cardiovascular disease markers, which justify its inclusion in *The Wellness Project*.

Self-Compassion

Intuitive/ normal eating is also related to a person's level of self-compassion. One study found that college students who have higher levels of self-compassion are more likely to eat intuitively or mindfully.²⁰ Self-compassion, defined as “an adaptive way of relating to the self when considering personal inadequacies or difficult life circumstances,” has also been identified as a significant way to mitigate negative body image and improve mental health.⁵² A randomized control trial testing a 3 week self-compassion intervention found that not only did participants improve their level of self-compassion, they also reduced their body dissatisfaction, body shame, and increased their body appreciation.²³ Likewise, another study in college females found that those who received the self-compassion classes had improved mindfulness, optimism, and self-efficacy.²⁴ Furthermore, a meta-analysis studying the link between self-compassion and

mental health concluded that higher levels of self-compassion are associated with reduced levels of depression, anxiety, and stress.⁴²

These studies demonstrate that education on self-compassion is effective in improving student's body image, psychological health and overall wellbeing. Thus, education on what self-compassion is and resources for ways to practice self-compassion are included in *The Wellness Project*.

6.3 Social Cognitive Theory

As described above, the content of the handouts address the risk factors and determinants of eating disorders, but the design of the overall project was guided by Social Cognitive Theory (SCT). Social Cognitive Theory is an interpersonal level theory that suggests individuals are influenced by their social environment. One of the proposed reasons sorority women have higher rates of eating disorders is because of the pressures of the social environment in which they live, making SCT an effective theory to guide interventions.

One of the main constructs of SCT is reciprocal determinism, i.e., the interaction between a person, behavior, and environment, and the belief that a person's behavior both influences and is influenced by personal factors and the social environment. By engaging each chapter's wellness chair and providing environmental supports via widely distributed education materials, *The Wellness Project* seeks to influence member attitudes about eating disorders, food, eating, and body, thus leading to an overall improvement in sorority practices that promote positive eating behavior.

Self-efficacy, or the confidence in one's ability to take action and make a change is another construct of SCT. It posits that behavior change is possible if approached in small steps. *The Wellness Project* is intended to bring awareness through handouts and also provide some tips on how to achieve sustainable health behaviors in hopes of motivating a behavior change.

Similar to self-efficacy is behavioral capability, in that in order to make a change a person needs to know what the behavior is and have the skills or resources to do so. The handouts include strategies to cultivate a positive body

image and self-compassion and practice intuitive eating. Extensive information about eating disorders and resources on where to get help are also included.

Another major construct of SCT is observational learning, where people learn by watching the actions and outcomes of other people. To target observational learning, credible role models are provided through the list of registered dietitians who practice and promote the non-diet, non-weight focused approach to health.

Other constructs of SCT that this project incorporates are awareness, by providing self-assessment handouts, perceived risk, by including statistics on eating disorders and dieting, and outcome expectations, by providing scientific evidence of negative outcomes of dieting and positive outcomes of intuitive eating and self-compassion.

6.4 Current Evidence of Social Cognitive Theory and Eating Disorder Prevention

Social Cognitive Theory has been used to guide many health promotion interventions, but only a few focused on eating disorder prevention. Furthermore, the few eating disorder prevention programs guided by SCT were not in college students. In a recent review by Ciao et al. (2014), nine randomized or quasi-randomized controlled trials on eating disorder prevention programs were identified and discussed, only 4 of which utilized SCT, and they are summarized in Table 3.⁴³

Table 3: Eating Disorder Prevention Programs Utilizing Social Cognitive Theory

Program	Intervention	Population	Outcomes
Weigh to Eat	10 week classroom education on healthy weight maintenance, media and body image, eating disorders, nutrition	Israeli high school girls	Some impact on reducing dieting and binge eating in overweight girls
Planet Health	2 year classroom program focused on behavior change related to television watching,	Middle school boys and girls	Reduction in diet pill use and purging in girls

	physical activity, and food choices		
New Moves	16 week classroom curriculum on eating disorder and obesity prevention	High school girls	Improvements in body satisfaction and reductions in skipping meals and fasting
Eating, Aesthetic Feminine Models and the Media	4-5 interactive sessions examining how beauty is portrayed in the media and nutrition knowledge	Spanish middle schoolers	Positive impact on body image and reduced eating disorder pathology

Thus, while there are successful eating disorder prevention programs guided by SCT, most are studied in middle or high school students or target a particular ethnic group.

A Health at Every Size Intervention

One of the only successful eating disorder prevention programs utilizing SCT in college students was conducted by Humphrey et al. (2015), published after the review by Ciao et al. (2014). The aim of the study was to test the effectiveness of a Health At Every Size (HAES) college course on student’s intuitive eating, body-esteem, anti-fat attitudes, and dieting behaviors. HAES is an approach that shifts the focus from weight to health and promotes intuitive eating, body acceptance and joyful movement. This new paradigm shift, when compared to the traditional weight loss approach, has proven to be effective at lowering blood pressure and blood lipids, reducing eating disorder behaviors, and increasing physical activity, body image, self-esteem and mood.⁴¹ With all the promising outcomes, Humphrey and colleagues wanted to test if a HAES curriculum could impact students’ eating and body image attitudes, and were the first to do so.

The HAES course curriculum designed for the Humphrey et al. study included dieting and weight loss research, education on eating disorders, intuitive/mindful eating, the Satter Eating Competence Model, body image, and

size discrimination. It also integrated constructs from SCT. Observational learning was incorporated through multiple guest speakers who shared their personal journeys from disordered to intuitive eating, reciprocal determinism through journaling, readings and discussions to assess environmental barriers to improving body image and intuitive eating, expectations through teaching the benefits and barriers of the weight-neutral approach, and behavioral capability through the teaching of strategies to eat mindfully.

The authors took convenience samples from three different universities to create three different study groups, an intervention HAES group, a comparison group (traditional nutrition course with some HAES concepts), and a control group (traditional nutrition course). 149 college students were given pre and post intervention surveys that consisted of the Intuitive Eating Scale-2, Cognitive Behavioral Dieting Scale, Body Esteem Scale, and the Anti-fat Attitudes Questionnaire.

Results showed that students in the HAES class increased their intuitive eating and body-esteem scores, improved their anti-fat attitudes, and reduced dieting behaviors more than the comparison and control groups. While the comparison group had some improvements in intuitive eating, anti-fat attitudes, and reported dieting, it was not as large as the HAES group or effective at improving body image and self-esteem. These results support the effectiveness of teaching HAES principles in a college course to improve student's overall health.

Limitations to this study include the small sample size and quasi-experimental design. Using different study groups from different colleges resulted in a slightly older control group with an average age of 23, compared to the intervention and comparison group (average age 19), which could have affected results. The control group was selected from a community college, and the lower response rate from the control group could be explained by the higher dropout rate of the community college. Another limitation was that the majority of the participants were white and female, which decreases the generalizability of the findings. Moreover, the authors only measured the participants change in

knowledge and perceptions, not actual behavior change. Thus, due to no study follow-up, it is impossible to know if the attitude changes correlated with behavior change and if the attitude changes were maintained. Nevertheless, this study validated the use of SCT in a course that reduced reported dieting behaviors and improved intuitive eating and body image, components considered important in eating disorder prevention efforts. The content of the course also justified the development of the content for *The Wellness Project*.

Social Cognitive Theory is an appropriate change theory for this project because research has supported its use as a way to counteract social and societal influences, which are two major determinants of health in sorority women. Research has also proven it to be an effective component of eating disorder prevention programs. Moreover, studies applying SCT have shown a reduction in eating disorder risk factors and symptoms from promoting the same content utilized in *The Wellness Project*.

Chapter VII: Strategic Plan

7.1 Project Goals

The overarching short-term goal is to promote *The Wellness Project* to bring awareness of the resource to sororities and to have the wellness chair of each chapter disseminate the resources and handouts to the sorority women. The long-term goal is to establish a community supportive of all body types, focused on health over body image, and to reduce disordered eating behaviors and subsequently the incidence of eating disorders in the sorority population at UW.

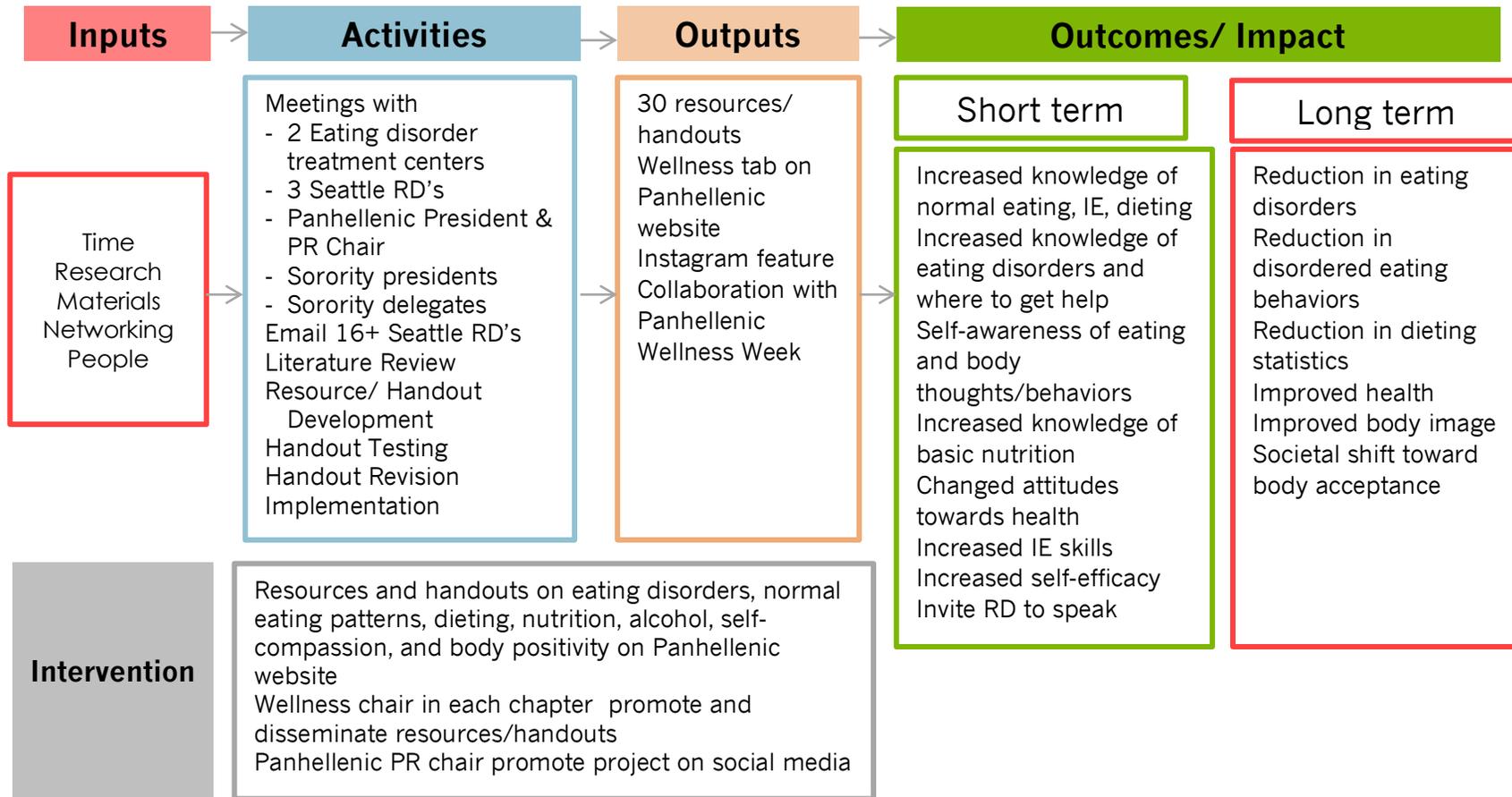
7.2 Objectives and Timeline

The development of *The Wellness Project* required many steps. A project timeline is provided in Table 4. Furthermore, a logic model was used to assist in the planning process, and it is included in Figure 7.

Table 4: Project Timeline

Spring 2017	<ul style="list-style-type: none"> • Developed capstone proposal • Received approval for capstone project
Summer 2017	<ul style="list-style-type: none"> • Conducted literature review • Completed key informant interviews/ meetings <ul style="list-style-type: none"> ○ Delaney Fry, current Panhellenic President ○ Judy Simon, RD, project mentor ○ UW Counseling Center ○ Mya Kwon, RD, Seattle Pacific University ○ Julie Church, RD, Opal Food + Body Wisdom ○ Jenni Scharf, Center for Discovery • Networked with 16 dietitians in the Seattle area • Toured 2 eating disorder treatment centers; Opal and Center for Discovery • Created and compiled <i>The Wellness Project</i> consisting of 29 resources and handouts
Fall 2017	<ul style="list-style-type: none"> • Presented project to sorority women at a delegate meeting • Tested handouts with 25 sorority women at the delegate meeting • Revised handouts • Introduced project to current sorority presidents at a president meeting and gathered information on who has house positions in charge of wellness • Met with Lexi Hickman, Panhellenic PR Chair, to publish <i>The Wellness Project</i> on the Panhellenic’s website
Winter 2018	<ul style="list-style-type: none"> • Emailed each sorority president to inform about <i>The Wellness Project</i> • Met with Jamie Vanderwall, Panhellenic PR Chair, to discuss marketing efforts and a partnership with Panhellenic’s Wellness Week. • Gave a dieting talk at a sorority and showed them online resource • Completed draft of capstone report
Spring 2018	<ul style="list-style-type: none"> • Project presented at sorority delegate meeting • Project fully implemented and running • Guide printed and distributed as part of Panhellenic’s Wellness Week (April 16th-20th) • Completed final draft of the capstone report

7.3 Logic Model



Assumption: This guide to promote wellness for sorority women is uniquely positioned as the first eating disorder prevention project in sororities at the University of Washington. In conjunction with high rates of eating disorders among college sorority women and the lack of current resources on campus, this project has the potential to increase body positivity and reduce disordered eating behaviors in sorority women.

Figure 7: Logic Model

7.4 Community Collaborators

Delaney Fry | Panhellenic President

As the Panhellenic President, Delaney oversees the operation of all 19 sororities at the University of Washington as well as the rest of the Panhellenic council. Delaney was a key collaborator as she was the main decision maker in allowing the implementation of this project. She also provided connections to sorority meetings and other important people who could contribute to the project.

Judy Simon | RD, Project Mentor

Judy Simon is a local dietitian who works with patients with eating disorders. She often receives eating disorder clients referred to her from Hall Health and has lots of experience working with college age women. Discussions with Judy helped guide some of the resource development and she provided connections with multiple dietitians to add to the “Registered Dietitian Speakers” list.

Julie Church | RD, Opal Food+ Body Wisdom

Julie Church is a dietitian and the co-founder of Opal Food+ Body Wisdom, an eating disorder treatment center near UW campus. Julie has also given numerous nutrition talks to different UW sororities throughout the years and was very willing to support the project as she wishes she had more time to do more in the sorority community. Julie provided many resources to aid in handout development and research articles to learn more about the Health At Every Size (HAES) movement, intuitive eating, and eating disorders. Having Julie as a partner was vital due to her passion for working with college women and eating disorders and having a trusted eating disorder treatment center within the UW community.

Mya Kwon | RD, Seattle Pacific University

Mya Kwon is a dietitian at Seattle Pacific University, and a devoted non-diet approach to health advocate. Mya recommended books to read and documentaries to watch to get a better understanding of HAES and the non-diet approach and also highlighted key topics to include in handout development. As a student counseling dietitian and professor, Mya has a lot of experience working with the college age population, disordered eating behaviors, and approaches that

work to challenge societal norms, which is why she was a key collaborator for this project.

Jenni Scharf | Center for Discovery

Jenni Scharf is the Clinical Outreach Supervisor at Center for Discovery (CFD), another local eating disorder treatment center. Jenni provided a tour of CFD, resources to learn more about eating disorders, and connections with multiple dietitians in the community to contact to put on the “Registered Dietitian Speakers” resource.

Lexi Hickman | Panhellenic Public Relations 2017

Lexi Hickman is the Panhellenic Public Relations chairwoman and is in charge of running the Panhellenic website and social media accounts. The project was presented to Lexi in fall of 2017 and she agreed to create a tab on Panhellenic’s website dedicated to *The Wellness Project*.

Jamie Vanderwall | Panhellenic Public Relations 2018

Jamie Vanderwall is the new Panhellenic Public Relations chairwoman. She updated the wellness tab on the website and featured *The Wellness Project* on the Panhellenic Association’s Instagram page.

7.5 Cultural Competence and Evaluation

Research has helped identify the disordered eating and eating disorder problem in sorority women as well as targetable upstream contributors to the problem. *The Wellness Project* was developed to directly address the lack of eating disorder prevention resources for the sororities at UW. The format of this project is supported by research and follows SCT, which suggest that college students are responsive to eating disorder interventions.

All of the handouts are supported by evidence and include references. In addition, to ensure the handouts were appropriate and effective, five of them were tested with a group of sorority women. The feedback was used to revise the handouts to be more concise and in language that was easily understandable for non-nutrition professionals.

Another proposed way to confirm the project is responsive to the sorority women and effective in the community would be to conduct a process and outcome evaluation. The process evaluation would focus on the development and implementation of the project and involve an in person or email survey with Delaney Fry and Lexi Hickman, two key players contributing to the implementation of the project. The survey would evaluate communication, organization, and relevance of the project. A separate email survey could also be sent to the president and wellness chair of each sorority to get their opinion on the relevance and usefulness of the project as well as the communication and implementation process.

Theoretically, following the process evaluation would be an outcome evaluation. The outcome evaluation would be completed one year after the initial implementation and then each year following to measure change overtime. The outcome evaluation would be a survey sent electronically to all the sorority women gauging their knowledge of the project and project content, attitude toward the content, eating and dieting behaviors, body thoughts, and diagnosed eating disorders. Collecting this data each year would help determine whether the project is making an impact and inform areas for improvement.

Chapter VIII: Communications Planning

8.1 Raising Awareness for Online Resource: *The Wellness Project*

The communications focus for this project is on making sure all the sorority women at UW are aware of *The Wellness Project* published on the Panhellenic Association's website. Promoting *The Wellness Project* is crucial to the success of the project because if sorority women do not know about the project or how to access it, then it will not be effective.

8.2 Northwest Center for Public Health Practice Communication Process

1. Determine goal:

The main goal is to lower disordered eating patterns and improve body image among sorority women by having them view *The Wellness Project*.

2. Identify and Profile Audience:

The target audience is sorority women at the University of Washington. Online platforms are the preferred way to receive information among Millennials today.

3. Develop Messages

Messages included in *The Wellness Project* include:

- In a society so focused on thinness and dieting, there is a great need to redefine healthy and help women see every shape and size as beautiful. Click on the link below for handouts and resources to test your own eating behaviors and attitudes and learn about disordered eating, normal eating, basic nutrition, body image, self-compassion, eating disorders and much more!
- Are you tired of dieting? Click the link below for a new approach to health.
- Wanting to find variety, balance and moderation when it comes to food and eating? Click the link to find out more!
- Want to know where you stand in your pursuit to health? Click the link below to test yourself.

4. Select Communication Channels

- Post on Panhellenic Facebook and Instagram pages
- Email to each sorority's wellness chair and president
- Attend president and delegate meeting to encourage them to share it with their chapter

5. Choose Activities and Materials

There are president and delegate meetings with representatives from each sorority every month that are perfect gatherings to inform of the project and

encourage them to share it with their sorority at the next all house meeting and via shared Facebook pages. A post/ email with a brief description and the link to the project will be appropriate to promote the project online.

6. Establish Partnerships

Relationships with both the Panhellenic President and the Panhellenic Public Relations Chair have been formed to assist in the attendance of sorority meetings and the promotion of the project via Panhellenic's Instagram account and Facebook page. The Panhellenic Association also has a Wellness Week each spring and a printed version of *The Wellness Project* was distributed to each sorority house this year.

7. Implement the plan

- Met with Jamie Vanderwall on 02/21/18 to discuss ways to promote the project online.
- Featured in Panhellenic's Instagram post on 03/01/18
- Emailed each house's president with link on 03/06/18
- Project presented at delegate meeting on 03/28/18
- Project made into a booklet and distributed to sorority houses on 04/16/18

8. Evaluate

A potential way to monitor if the site is being seen is to download Google Analytics to track webpage traffic. Another is to send out a survey to see if people have heard about the project.

Chapter IX: Summary

Sorority women have higher rates of eating disorders, disordered eating, and body dissatisfaction than other college women. This is mediated by group living and social pressure to be thin in the sorority environment. Eating disorders are serious psychological illnesses that require intensive treatment and have high reoccurrence rates. There is a lack of eating disorder prevention efforts in sororities at UW and campus as a whole. Research shows that educating college students on eating disorders, dieting, intuitive eating, self-compassion, and body image is an effective approach to reducing eating disorder risk factors. Research also supports the effectiveness of SCT to guide eating disorder interventions. Therefore, utilizing constructs of SCT, an online resource with handouts to target eating disorder risk factors, titled *The Wellness Project* was created. It is published on The Panhellenic Association's website and is meant to be accessed by all sorority women at UW and each sorority's wellness chair to further disseminate the resources.

The creation of this project involved networking with local registered dietitians, eating disorder treatment centers, and UW's Panhellenic Association. The implementation of this project involved working closely with the Panhellenic President and Public Relations Chairwoman to test the handouts, get the resource published online, and communicate with the sorority women. Due to this project's position as the first eating disorder prevention effort in the University of Washington Greek System, and its permanent online presence, it has the potential to endure and make an impact on the health of sorority women at the University of Washington for many years to come.

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