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Perceptions of general and postpresidential election discrimination are associated with loss of control eating among racially/ethnically diverse young men

Nichole R. Kelly PhD[1,2] | Tasia M. Smith PhD[1,2] | Gordon C. N. Hall PhD[3] | Claire Guidinger MA[1,2] | Gina Williamson BA[1,2] | Elizabeth L. Budd PhD[1,2] | Nicole R. Giuliani PhD[2,4]

[1]Counseling Psychology and Human Services, University of Oregon, Eugene, Oregon

[2]The Prevention Science Institute, University of Oregon, Eugene, Oregan

[3]Psychology Department, University of Oregon, Eugene, Oregan

[4]Special Education and Clinical Sciences, University of Oregon, Eugene, Oregan

Correspondence
Nichole R. Kelly, PhD; Counseling Psychology and Human Services, University of Oregon, Eugene, OR.
Email: nicholek@uoregon.edu

Abstract

Objective: The purpose of this study was to examine the association between young men's perceived experiences with discrimination, both general and following the 2016 presidential election, and their loss of control (LOC) eating. The degree to which men identified with their ethnic identity was evaluated as a moderator.

Method: The sample included 798 men (18–30 years; $M = 24.0 \pm 3.6$) who identified as African American ($n = 261$), Asian/Asian American ($n = 266$), or Hispanic/Latino ($n = 271$). Participants completed an online survey of items assessing demographic characteristics; perceived discrimination; perceptions of race-related discrimination following the 2016 U.S. presidential election; ethnic identity; and LOC eating.

Results: After adjusting for income, education, generational status and body mass index, perceived discrimination was positively associated with LOC eating frequency in African American and Hispanic/Latino men ($ps < .01$). Ethnic identity was inversely associated with LOC eating frequency in Hispanic/Latino men ($p < .001$). In Asian/Asian American men, perceived discrimination was only associated with more LOC eating among those with a low ethnic identity ($p < .001$). Higher levels of perceived discrimination following the presidential election were uniquely associated with more frequent LOC eating ($p < .01$) only among Asian/Asian American men who were not born in the United States or whose parents were not born in the United States.

Discussion: LOC eating may partially explain known associations between discrimination and heightened risk for obesity and chronic diseases among African American and Hispanic/Latino men. Asian/Asian American men's LOC eating may be linked to postpresidential election and general experiences with racial discrimination, particularly if they report a low sense of belonging to their ethnic group.

KEYWORDS

binge eating, discrimination, ethnic identity, loss of control eating, men, race

1 | INTRODUCTION

Loss of control (LOC) eating is associated with a range of physical and mental health concerns, including obesity (Striegel, Bedrosian, Wang, & Schwartz, 2012), metabolic dysfunction (Hudson et al., 2010), and worsening of both depressive (Sonneville et al., 2013), and eating disorder symptoms (Tanofsky-Kraff et al., 2011). LOC eating refers to the perception of overeating and experiencing an inability to control what or how much one is eating (Wolfe, Baker, Smith, & Kelly-Weeder, 2009). Unlike other disordered eating behaviors, which disproportionately affect women who identify as white, a significant proportion of men and women across varying racial/ethnic groups report recent LOC

eating (Jennings, Kelly-Weeder, & Wolfe, 2015; Striegel et al., 2012). While men and women with recent LOC eating endorse comparable levels of physical and psychosocial impairment (Bentley, Mond, & Rodgers, 2014; Striegel et al., 2012), men remain significantly underrepresented in research investigating this disordered eating behavior.

Etiological models identify dietary restraint and negative affect as the most common antecedents to LOC eating (Heatherton & Baumeister, 1991; Polivy & Herman, 1993). Importantly, these models were created from and validated with primarily white female samples, offering limited insight into the factors associated with LOC eating in men. For instance, while dietary restraint is consistently associated with LOC eating in female samples (Stice, 2002), this behavioral practice appears less relevant to the onset and maintenance of LOC eating among males (Field et al., 2008; Liechty & Lee, 2013; Shomaker & Furman, 2009). Negative affect, however, frequently precedes LOC eating among both men and women (Berg et al., 2015; Haedt-Matt & Keel, 2011). Sources of negative affect are varied and often include low self-esteem (Minnich, Gordon, Holm-Denoma, & Troop-Gordon, 2014), concerns with shape and weight (Dakanalis et al., 2016; Forney, Holland, & Keel, 2012), and body size distortions (Blashill & Wilhelm, 2014). Experiences with discrimination may be additional, unique contributors to negative affect for individuals from traditionally marginalized groups, and these experiences may exacerbate their risk for both LOC eating and associated comorbidities.

Individuals who identify with historically marginalized racial/ethnic groups experience significant disparities in health and well-being (Caetano, 2003; Crimmins, Kim, Alley, Karlamangla, & Seeman, 2007; Kung, Hoyert, Xu, & Murphy, 2008). Experiences with discrimination, or unfair treatment associated with an aspect of one's identity, are theorized to be significant contributors to these disparities (National Research Council, 2004). Indeed, perceived experiences with both general and race-related discrimination are associated with greater risk for chronic disease and poor mental health outcomes among Black/African Americans, Asian/Asian Americans, and Hispanic/Latinos (Cozier, Wise, Palmer, & Rosenberg, 2009; Lewis, Williams, Tamene, & Clark, 2014; Paradies et al., 2015; Pascoe & Smart Richman, 2009; Pieterse, Todd, Neville, & Carter, 2012). Proposed explanations for the link between perceived racial discrimination and poor health outcomes are complex and may include institutional barriers, such as limited access to quality education and preventative health care (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003; Williams & Jackson, 2005). However, even in analyses adjusting for these factors, the link between racial discrimination and health outcomes persists, leading scholars to believe that behavioral responses to the stress associated with discrimination partially account for race-related health disparities (Mays, Cochran, & Barnes, 2007). Given its close ties with negative affect, LOC eating may be one behavioral response to discrimination which serves to perpetuate existing health disparities among racial/ethnic minorities.

Despite their mutual connection to negative affect and health, few studies have examined the link between LOC eating and perceived discrimination. Among women who identify as lesbian or bisexual (Mason & Lewis, 2015) and youth who identify as transgender (Watson, Veale, & Saewyc, 2017), self-reported experiences with general discrimination were associated with LOC eating. In a large community sample, most of whom were white (79.5%) or female (81.7%), perceived discrimination was associated with more frequent LOC eating (Durso, Latner, & Hayashi, 2012), even after adjusting for body mass index (BMI). No studies have examined the link between LOC eating and perceived racial discrimination among ethnic minority men. Yet, ethnic minority men frequently experience race-related discrimination (Borrell, Kiefe, Williams, Diez-Roux, & Gordon-Larsen, 2006) and report similar rates of LOC eating relative to white women (Quick & Byrd-Bredbenner, 2013). Perceived discrimination is also associated with poorer dietary quality among Black/African American men and women (Forsyth, Schoenthaler, Ogedegbe, & Ravenell, 2014), and some data suggest that this link may be particularly robust for men (vs. women) (Brodish et al., 2011). Clarifying the potential link between perceived discrimination and LOC eating is of potential clinical value given their shared associations with poor health and well-being among historically marginalized groups.

In clarifying the nature of these associations, it is important to consider the role of ethnic identity, which refers to a multifaceted aspect of social identity encompassing one's knowledge of, commitment to, and engagement with their racial or ethnic group (Phinney & Ong, 2007). In some research, ethnic identity buffers the effects of discrimination on health, mental health, and health behaviors (Gee, Ro, Shariff-Marco, & Chae, 2009; Pascoe & Smart Richman, 2009). For instance, among a sample of young African American men and women, immediately after being asked to imagine a scenario in which they were being discriminated against because of their race, those with low levels of ethnic identity reported that they were significantly more willing to use and buy drugs than those with high ethnic identity (Stock, Gibbons, Walsh, & Gerrard, 2011). Research has yet to identify specific reasons why, at least in some cases, ethnic identity protects individuals from some of the negative consequences of discrimination. It has been hypothesized that individuals with a strong ethnic identity may be less inclined to internalize the negative stereotypes typically perpetuated during these experiences (Pascoe & Smart Richman, 2009), thereby preventing declines in mood and/or behavioral functioning. It remains unclear whether the noted associations between experiences with discrimination, ethnic identity and problematic behavior extend to LOC eating in men.

The aim of the current study was to examine the association between perceived discrimination and LOC eating among African American, Asian/Asian American and Hispanic/Latino men. Young men between the ages of 18 and 30 were targeted in the current study because they endorse the highest rates of LOC eating (Forrester-Knauss & Zemp Stutz, 2012; Nicdao, Hong, & Takeuchi, 2007). It was hypothesized that perceived discrimination would be positively associated with LOC eating frequency among all men. It was also hypothesized that ethnic identity would moderate this association such that men who identified more strongly with their ethnic group would demonstrate a weaker association between perceived discrimination and LOC eating frequency. These hypotheses were tested in the context of a difference model research approach (Oyemade & Rosser, 1980), which refers to a culturally sensitive strategy for elucidating

patterns in experiences and behaviors within a particular group under conditions that cannot be adjusted for statistically. By selecting measures validated for each racial/ethnic group and conducting analyses within each racial/ethnic group, we aim to understand how experiences with discrimination and ethnic identity are associated with LOC eating within their sociocultural environment rather than in relation to other racial/ethnic groups, whose sociocultural environments differ substantially from one another.

Importantly, data from the current study were collected shortly after the 2016 United States presidential election. Because racial/ethnic relations in the United States had a prominent presence in the media during this time, exploratory analyses were conducted to examine the link between perceptions of race-related discrimination following the presidential election and LOC eating. Presidential election outcomes are significantly more stressful for those who support the losing (vs. winning) candidate (Stanton, Labar, Saini, Kuhn, & Beehner, 2010). Given that the large majority of ethnic minority voters in the United States supported the losing candidate in the 2016 presidential election (Ansolabehere & Schaffner, 2017), this may have been a particularly stressful time period for the current study's research participants. Simultaneously, as part of his 2016 presidential campaign, the winning candidate advocated for policy changes targeting the detention and deportation of unauthorized United States immigrants, as well as those supporting travel bans and more extensive screening procedures for citizens of several different countries seeking entry into the United States (Cowger, Bolter, & Pierce, 2017). As such, men in the current study who were not born in the United States and/or had concerns about their family's documentation may have been particularly distressed during this time period. Empirical data indicate that different, yet concurrent, sources of discrimination have unique and deleterious effects on the health and well-being of historically marginalized groups (Karlsen & Nazroo, 2002).

2 | METHOD

2.1 | Participants and procedures

Participants were recruited using an online market research sample aggregator (Qualtrics Panels). Qualtrics partners with over 20 online panel providers (mainly actively managed market research panels) and utilizes social media outlets to recruit a diverse pool of survey respondents. Qualtrics panel partners randomly select potential respondents for surveys who are highly likely to qualify. Selections are based on panelists' actively maintained psycho-demographic profiles. To be eligible to participate in the current study, participants had to be men between 18 and 30 years of age; report an African American, Hispanic/Latino, or Asian/Asian American racial/ethnic identity; understand English; and live in the United States. Individuals who self-identified as bi- or multiracial were not eligible to participate given their particularly unique experiences with racial discrimination and ethnic identity (Miville, Constantine, Baysden, & So-Lloyd, 2005).

Potential respondents were sent an email invitation with the link to an online survey informing them of the study's purpose and duration (15–20 min). Interested participants viewed an online consent form and were encouraged to contact the primary investigator with questions or concerns. Participants provided consent by clicking a radio button that read, "I consent to take the survey" or refused to consent by clicking an adjacent button that read, "I do NOT consent to take the survey." For those who consented, they proceeded to the first page of the survey questions. Survey responses were considered invalid if participants completed the survey in less than 2 min ($n = 9$), did not provide an appropriate response to a validity item embedded in the survey ($n = 52$; i.e., "Do you commit to thoughtfully provide your best answers to each question in this survey?"; respondents had to select "I will provide my best answers"), or completed <80% of the survey (Dong & Peng, 2013). The current study was approved by the Institutional Review Board at the University of Oregon. All data for the current study were collected in January and February of 2017.

3 | MEASURES

3.1 | Demographic information

Participants answered a series of questions to assess age, racial/ethnic identity, English fluency, geographic location, income, education, marital status, generation status, employment, school status, sexual orientation, height, and weight. Self-reported height and weight were used to calculate BMI.

3.2 | Perceived discrimination

Participants who identified as African American completed the 9-item Everyday Discrimination Scale (Williams, Yu, Jackson, & Anderson, 1997). Respondents were asked to report how often they experienced unfair treatment in their day-to-day life (e.g., "People act as if they are afraid of you") on a 6-point Likert-type scale ranging from 1 (*never*) to 6 (*almost every day*). Participants who identified as Asian/Asian American completed the 13-item Asian American Racism-Related Stress Inventory (Miller, Kim, Chen, & Alvarez, 2012). A composite score was created from the two subscales measuring experiences with race-related discrimination, both personal and collective. Items (e.g., "Someone asks you what your real name is") were rated on a 5-point scale from 1 (*This has never happened to me or someone I know*) to 5 (*This event happened and I was extremely upset*). Participants who identified as Hispanic/Latino completed the Discrimination Stress subscale of the Hispanic Stress Inventory-2 (Cervantes, Fisher, Padilla, & Napper, 2016). Participants were first asked if they experienced a specific race-related stressor (e.g., "I have felt unaccepted by others due to my Hispanic culture"). If they reported experiencing the stressor, they were asked to rate how worried they felt about the event on a 5-point scale from 1 (*Not at all worried/tense)* to 5 (*Extremely worried/tense*). Cronbach's alpha for each measure of perceived discrimination was good ($\alpha = .89$, Everyday Discrimination Scale; .89, Asian American Racism-Related Stress Inventory; .92, Hispanic Stress Inventory-2).

3.3 | Perceived discrimination postelection

Participants were asked to rate their perceptions of race-related stress and discrimination since the 2016 presidential election using the following item: "As you know, our country recently elected our next president, Republican candidate Donald J. Trump. Take a minute and think about your own experiences with race-related stress and discrimination since Mr. Trump was selected to be our next president (November 2016). Please answer the following question based on your experience: "My experiences with race-related stress and discrimination (e.g., being threatened or harassed, being disrespected) have become worse since Mr. Trump was selected as our next president." Response options ranged from 1 (*Strongly Agree—my experience with race-related stress and discrimination have significantly increased or worsened*) to 5 (*Strongly Disagree—my experience with race-related stress and discrimination have significantly decreased or improved*). Scores were reverse coded so that higher scores equated with beliefs that discrimination has increased or worsened.

3.4 | Ethnic identity

All participants completed the Multigroup Ethnic Identity Measure-Revised (Phinney & Ong, 2007), a 6-item measure of ethnic identity. A total score was calculated from the average of two subscales: exploration (e.g., "I have often done things that will help me understand my ethnic background better") and commitment ("I have a strong sense of belonging to my own ethnic group"). Participants responded on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*); higher scores indicate stronger ethnic identity. Earlier research has shown evidence for an internally consistent total score ($\alpha = .81$) (Phinney & Ong, 2007), and similar scores were observed in the current study for each racial/ethnic group ($\alpha = .85–.89$).

3.5 | Loss of control eating

Participants completed portions of the Eating Disorder Examination Questionnaire (Fairburn & Beglin, 1994), including two items assessing subjective binge-eating episodes and two items assessing objective binge-eating episodes. As done in prior research (e.g., Kelly, Cotter, & Mazzeo, 2014), LOC eating frequency was calculated by adding up the number of both types of binge episodes. The psychometric properties of this measure are good and coincide with scores obtained via interview (Berg, Peterson, Frazier, & Crow, 2012); specifically, test–retest reliability for LOC eating behaviors over 1–14 days is adequate in adult samples ($rs = .68$ and .92), and reports of LOC eating episodes on this survey correlate with reports of this behavior on daily food records.

4 | DATA ANALYTIC PLAN

Assumption testing and an evaluation of the quantity and pattern of missing data were conducted first. General linear models and multinomial logistic regression models were conducted to examine variations in the current study's primary variables of interest by racial/ethnic group. Negative binomial regression models were utilized to examine associations for general and postelection perceptions regarding discrimination with LOC eating frequency. To examine the main effects of perceived discrimination and ethnic identity, a single negative binomial regression model was conducted for each racial/ethnic group. To determine if ethnic identity moderated the association between perceived discrimination and LOC eating frequency, both continuous independent variables were first centered based on the racial/ethnic group's mean. The centered independent variables and their interaction were included in a second negative binomial model conducted within each racial/ethnic group. Significant interactions were formally tested for differences in slopes through the regression coefficients and plotted at values one standard deviation above and below the mean (Dawson, 2014). Finally, a third set of negative binomial regression models were conducted to evaluate the independent and joint effects of perceptions of race-related stress and discrimination following the presidential election on LOC eating frequency. It was determined that these separate sources of discrimination could be included in the same model without concerns with multicollinearity given their small-to-moderate correlations within each racial/ethnic group ($rs = .20–.25$). Given its association with LOC eating (Striegel et al., 2012), all analyses adjusted for BMI. Other covariates included any demographic variables (i.e., age, income, education, school status, marital status, employment status, generation status) which significantly differed across racial/ethnic groups.

A negative binomial regression approach was selected due to the overdispersion observed in LOC eating frequency (i.e., the variance is larger than the mean). The negative binomial regression includes a random component that accounts for dispersion, which provides more accurate standard errors for the regression coefficient (Elhai, Calhoun, & Ford, 2008). We reported the incidence-rate ratios, which are the exponentiated regression coefficients. Values above one reflect an increased incidence rate in LOC eating frequency and values below one reflect a decreased incidence rate. Given the large percentage of zero responses in the data set (indicating no LOC eating), zero-inflated models were also conducted and considered but did not provide significantly improved model fit. All analyses were conducted in IBM SPSS Statistics v. 22 (Corp., 2013) and were considered significant at $p < .05$.

5 | RESULTS

5.1 | Preliminary analyses

All statistical assumptions were met. Missing data in the final sample were minimal (<3%); as such, listwise deletion was employed (Buhi, Goodson, & Neilands, 2008). Participants included 798 men (M age = 24.0 ± 3.6 years; M BMI = 25.2 ± 5.8 kg/m^2), who identified as African American ($n = 261$), Asian/Asian American ($n = 266$), or Hispanic/Latino ($n = 271$). Table 1 presents descriptive information for the entire sample and by racial/ethnic group. The sample was diverse in terms of ethnic identity and geographic location.

There were significant group differences in BMI ($p < .001$), such that Hispanic/Latino men had significantly higher BMIs than African American and Asian/Asian American men, who did not significantly differ from one another. There were also significant group differences in

TABLE 1 Demographic and descriptive information for the entire sample and by racial/ethnic group

	Full sample ($N = 798$)	African American ($n = 261$)	Asian/Asian American ($n = 266$)	Hispanic/Latino ($n = 271$)
Age (years)	24.0 ± 3.6	23.7 ± 3.5	24.4 ± 3.6	23.9 ± 3.5
BMI (kg/m^2)*	25.2 ± 5.8	25.1 ± 5.9	24.2 ± 5.6	26.5 ± 5.8
Geographic region (%)				
Urban	47.9%	52.0%	46.8%	44.8%
Suburban	41.2%	34.8%	45.6%	43.2%
Rural	10.9%	13.2%	7.6%	12.0%
Education (%)*				
≤High school	33.6%	42.3%	21.5%	37.2%
Some college	34.6%	29.2%	19.6%	36.1%
≥4-year college degree	31.8%	28.5%	58.9%	26.7%
School status (%)				
In school	38.9%	37.2%	43.9%	35.8%
Not in school	61.1%	62.8%	56.1%	64.2%
Marital status (%)				
Single	82.7%	86.6%	78.9%	82.7%
Married	16.8%	13.0%	20.4%	17.0%
Other	0.5%	0.4%	0.8%	0.4%
Employment status (%)				
Disability	3.3%	2.3%	3.8%	3.7%
Unemployed	29.3%	32.3%	27.5%	28.0%
Employed part time	24.1%	23.1%	24.9%	24.4%
Employed full time	43.2%	42.1%	43.8%	43.9%
Annual income (%)*				
<$19,999	27.4%	31.2%	25.3%	25.8%
20,000–29,999	17.1%	20.0%	14.0%	17.3%
30,000–39,999	10.9%	10.0%	6.4%	16.2%
40,000+	44.6%	38.8%	54.3%	40.7%
Not born in the United States (%)*	20.4%	11.1%	32.7%	18.0%
Heterosexual (%)	90.0%	90.4%	89.5%	90.8%
Ethnic identity score	3.6 ± .9	3.6 ± 1.0	3.6 ± .8	3.6 ± .9
Perceived discrimination[a]	2.8 ± 1.2	2.8 ± 1.2	2.4 ± .8	2.9 ± 1.0
Election stress	3.4 ± 1.2	3.4 ± 1.0	3.3 ± 1.2	3.4 ± 1.3
LOC eating frequency	2.2 ± 4.0	2.3 ± 3.8	2.0 ± 2.8	2.4 ± 5.0
Ethnic identity (%)				
		African American (100%)	Chinese (22.9%) Indian (15.4%) Filipino (12.4%) Vietnamese (9.4%) American Indian/ Alaska Native (9.0%) Korean (7.9%) Japanese (6.0%) Middle Eastern (2.6%) Hmong (2.3%) Pacific Islander (1.9%) Native Hawaiian (1.5%) Other or specific ethnic identity not noted (8.6%)	Mexican (49.1%) Puerto Rican (11.1%) Spanish (7.4%) Dominican (6.6%) Cuban (5.2%) Columbian (3.7%) Honduran (2.6%) Ecuadorian (2.2%) Venezuelan (1.8%) Salvadorian (1.5%) Guatemalan (1.1%) Argentinian (0.7%) Peruvian (0.7%) Other or specific ethnic identity not noted (6.3%)

Note. [a]African American = Everyday Discrimination Scale; Asian/Asian American = Asian American Racism-Related Stress Inventory; Hispanic/Latino = Hispanic Stress Inventory-2; BMI = body mass index; LOC = loss of control.

*$p < .001$.

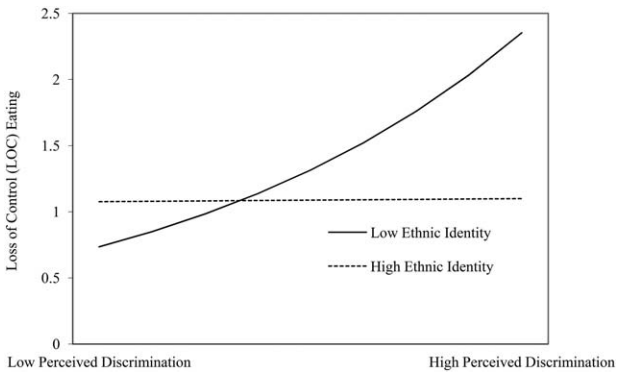

FIGURE 1 Ethnic identity moderated the association between perceived discrimination and LOC eating among Asian/Asian American men ($p < .001$). The association between perceived discrimination and LOC eating was non-significant at high levels of ethnic identity ($p = .86$), and significant and positive at low levels of ethnic identity ($p < .001$)

education, income, and generation status ($ps < .001$). Generally, Asian/Asian American men had higher levels of education and income, and were the least likely to be born in the United States. Given these group differences, education, income, and generation status, in addition to BMI, were included as covariates in the main analyses.

5.2 | African American men

After adjusting for education, income, generation status, and BMI, perceived discrimination was positively associated with LOC eating frequency, Exp(*B*) = 1.40, 95% CI 1.22–1.59, $p < .01$. As experiences with perceived discrimination increased, so did LOC eating frequency. Ethnic identity, however, was not significantly associated with LOC eating frequency ($p = .39$), nor was the interaction between perceived discrimination and ethnic identity ($p = .38$). In a separate model, race-related stress and discrimination related to the presidential election was positively associated with LOC frequency, Exp(*B*) = 1.14, 95% CI 1.01–1.28, $p < .05$. However, when general discrimination was added to the model, this association became nonsignificant ($p = .20$). Findings were the same when nonadjusted statistical models were conducted with African American men.

5.3 | Asian/Asian American men

After adjusting for education, income, generation status, and BMI, neither perceived discrimination ($p = .054$) nor ethnic identity ($p = .11$) were significantly associated with LOC eating frequency in separate models. However, the interaction between perceived discrimination and ethnic identity was statistically significant, Exp(*B*) = .65, 95% CI .51–.81, $p < .001$ (see Figure 1). A test of simple slopes indicated that the association between perceived discrimination and LOC eating was non-significant at high levels of ethnic identity ($p = .86$), and significant and positive at low levels of ethnic identity ($p < .001$). In a separate model, perceptions regarding race-related stress and discrimination following the presidential election had a positive association with LOC frequency, Exp(*B*) = 1.22, 95% CI 1.08–1.39, $p < .01$, and this association remained significant even when general experiences with race-related discrimination were included in the model ($p < .01$).

Given the significantly larger portion of Asian/Asian Americans who were not born in the United States, follow-up exploratory analyses were conducted to determine if the identified association between race-related stress and discrimination following the presidential election and LOC eating frequency differed by generation status. After adjusting for education, income, BMI, and general race-related discrimination, the association between perceptions of race-related stress and discrimination following the presidential election and LOC eating frequency was significant and positive among Asian/Asian American men who were not born in the United States or had parents who were not born in the United States, Exp(*B*) = 1.28, 95% CI 1.10–1.48, $p < .01$, and was non-significant among the remaining Asian/Asian American men ($p = .50$). Findings were the same when non-adjusted statistical analyses were conducted with Asian/Asian American men.

5.4 | Hispanic/Latino men

After adjusting for education, income, generation status and BMI, perceived discrimination was positively associated with LOC eating frequency, Exp(*B*) = 1.42, 95% CI 1.21–1.67, $p < .001$. Ethnic identity was significantly and inversely associated with LOC eating frequency, Exp(*B*) = .76, 95% CI .65–.88, $p < .001$. The interaction between perceived discrimination and ethnic identity was not significant ($p = .41$). In a separate model, perceptions regarding race-related stress and discrimination following the presidential election was positively associated with LOC frequency, Exp(*B*) = 1.25, 95% CI 1.10–1.42, $p < .001$, although this relationship became non-significant when general experiences with race-related discrimination was added to the model ($p = .06$). Findings were similar when non-adjusted statistical analyses were conducted with Hispanic/Latino men; the only exception was that both sources of discrimination were significantly and positively associated with LOC eating frequency when considered jointly in the same non-adjusted model.

6 | DISCUSSION

Experiences with discrimination are hypothesized to be a significant contributor to the health disparities many young racial/ethnic minority men experience in the United States (Caetano, 2003; Crimmins et al., 2007; Kung et al., 2008). Clarifying the behavioral correlates of perceived discrimination may facilitate the development of interventions to reduce these race-related health disparities. The current study adds to this effort by providing support for the positive association between perceived discrimination and LOC eating among African American and Hispanic/Latino men, as well as Asian/Asian American men with low ethnic identity. The general link observed between discrimination and LOC eating is consistent with prior research with other historically marginalized groups (Mason & Lewis, 2015; Watson et al., 2017).

Perceived discrimination may be associated with LOC eating given their overlapping connection with negative affect (Berg et al., 2015; Brondolo et al., 2008; Haedt-Matt & Keel, 2011). LOC eating may

represent an attempt to mitigate the distressing emotions that accompany discriminatory experiences (Polivy & Herman, 1993). However, given the cross-sectional design of the current study, it is unclear whether LOC eating develops before or in response to perceived discrimination. Reports of experiences with discrimination begin early in life (Brody et al., 2006) and seem to increase over time (Paradies, 2006), while LOC eating tends to emerge in early adolescence (Swanson, Crow, Le, Swendsen, & Merikangas, 2011) and fluctuate over the life course (Allen, Byrne, Oddy, & Crosby, 2013). Thus, it is possible that early LOC eating experiences develop into a preferred coping pattern for certain individuals when the reinforcing qualities of this approach are fully realized.

LOC eating may also be an artifact of self-regulatory problems that are thought to emerge following a reduction in cognitive and emotional resources associated with the burden of managing discrimination. Instances of race-related discrimination appear to erode the functioning of the recipient's prefrontal cortex (Berger & Sarnyai, 2015), the part of the brain implicated in executive functions, such as decision-making behavior (Lezak, Howieson, & Loring, 2004). Indeed, young adults who recount a discriminatory experience (Inzlicht & Kang, 2010) or overhear a white peer make a race-salient discriminatory remark perform worse on a subsequent executive functioning task (Richeson & Shelton, 2007; Richeson, Trawalter, & Shelton, 2005). Poor performance on measures of executive functioning, in turn, are associated with LOC eating (Manasse et al., 2014, 2015). Thus, experiences with discrimination may facilitate LOC eating through reductions in self-regulatory resources.

Whether the source of discrimination has a differential association with LOC eating is also worth further investigation. African American participants enrolled in the current study completed a general measure of discrimination, while all other participants completed a survey assessing race-specific discrimination. While it is likely that a survey of day-to-day discrimination captures instances of unfair treatment associated with one's race, it is also likely that it includes other sources of discrimination associated with additional stigmatized identities. For instance, a substantial proportion of men in the current study were overweight. Individuals who are overweight are frequently and overtly stigmatized in the United States (De Brún, McCarthy, McKenzie, & McGloin, 2014). Additional research is warranted that examines how multiple social identities influence unique and multifaceted experiences with perceived discrimination and how these experiences are related to LOC eating. For instance, the attribution stem for the Everyday Discrimination Scale could be used to assist in clarifying the degree to which experiences with discrimination are perceived to be linked to an individual's marginalized racial/ethnic identity (Shariff-Marco et al., 2011).

Ethnic identity demonstrated a varied and race/ethnicity-dependent association with LOC eating. Specifically, ethnic identity was not associated with LOC eating in African American, but was significantly and inversely associated with LOC eating in Hispanic/Latino men. In Asian/Asian American men, high ethnic identity functioned as a buffer for the link between perceived discrimination and LOC eating. These findings highlight the significant variability in the link between ethnic identity and health/health behaviors (Gee et al., 2009; Pascoe & Smart Richman, 2009) and underscore the importance of examining these patterns within racial/ethnic groups. Ethnic identity is fairly consistently associated with positive well-being (Smith & Silva, 2011) and self-esteem (Espinosa et al., 2016) across many racial/ethnic groups. As such, higher ethnic identity may, at a broad level, facilitate engagement in more healthy behavioral and emotional patterns. However, it remains unclear why these associations were not observed in African American men. In Asian/Asian American men, a strong ethnic identity may facilitate a sustained connection with culturally traditional foods. In an experimental study including young Asian American men and women, participants made less healthy, or more "American", food choices when they felt their American identity was being challenged (Guendelman, Cheryan, & Monin, 2011). Almost 70% of participants also endorsed at least one instance of feeling embarrassed because of their traditional eating practices (Guendelman et al., 2011). A strong sense of ethnic identity may have buffered these individuals from experiencing distress and responding behaviorally by sacrificing their traditionally healthier food selections to appear more American (Landrine & Klonoff, 2004). Data from the current study support the idea that, among Asian/Asian American men, a strong ethnic identity may loosen the tie between experiences with race-related discrimination and LOC eating.

Asian/Asian American men were also the only racial/ethnic group in the current study to demonstrate a unique link between LOC eating and race-related stress and discrimination following the presidential election, and this association was only significant among those who were born outside of the United States (32.7%) or who had parents who were born in a different country (44.4%). Importantly, average ratings of this variable did not differ across racial/ethnic groups. This finding could suggest that some Asian/Asian American men are more likely than their peers to turn to food as a means of mitigating distressing emotions (Kelly, Cotter, Tanofsky-Kraff, & Mazzeo, 2015). Given the attention to immigration-related policies throughout the 2016 presidential election (Cowger et al., 2017), as well as violent and discriminatory language directed towards Asian immigrants, particularly on college campuses (Miller & Werner-Winslow, 2016), the current findings could also reflect Asian/Asian American participants experience with a new and acute form of race-related stress which they may not have previously experienced in their lifetime, including threats to their safety, citizenship, and familial supports.

Given the lack of moderating effects of ethnic identity in the majority of the current study's sample, additional research is necessary to elucidate other individual-level factors associated with LOC eating risk in the context of discriminatory experiences. For instance, young men who experience higher levels of discrimination and simultaneously practice effective emotional coping strategies may be less inclined to engage in LOC eating. Behavior-specific expectancies may also dictate a person's coping strategy selection; those who come to believe that eating palatable foods will reduce emotional pain, may be at higher risk for LOC eating (Fischer, Peterson, & McCarthy, 2013). Poor sleep quality has been linked to both perceived discrimination (Tomfohr, Pung, & Dimsdale, 2016) and LOC eating (Kelly et al., 2016).

In light of the current findings, the effects of intervening with perceived discrimination on young men's health behavior also warrants further investigation. Interventions that promote more adaptive means of coping with discrimination may have positive effects on LOC eating. The effects of these coping mechanisms may go beyond health behavior, and serve to reduce race-related health disparities. Interventions aimed at strengthening ethnic pride and a connection with one's ethnic identity may also reduce engagement in LOC eating for Hispanic/Latino and Asian/Asian American men. However, because the design of the current study cannot differentiate cause and effect, it may also be that interventions aimed at reducing LOC eating could prompt reductions in perceptions of discriminatory experiences, perhaps through an increased sense of self-control and/or reductions in general negative affect.

Several additional study limitations should be considered. First, data regarding general experiences with discrimination and race-related discrimination following the 2016 presidential election were both collected after the results of the election were announced. As such, it is impossible to determine whether our single item accurately characterizes within participant changes in experiences with race-related stress and discrimination since the election. Ideally, we would have collected data regarding general experiences with race-related discrimination at both time points, and considered change scores in our analyses. Additionally, although single-item measures of unidimensional constructs tend to demonstrate adequate psychometric properties and offer the advantage of being less burdensome to research participants (Hays, Reise, & Calderón, 2012), it has been suggested that research attempting to capture experiences with discrimination employ multi-item measurement tools (Krieger, Smith, Naishadham, Hartman, & Barbeau, 2005). For these reasons, the potential clinical applications of the current study's findings should be limited until replication is achieved. Second, results from the current study can only be generalized to young men in the United States. Third, because the ethnic subsample sizes for the men in the current sample were too small for meaningful comparisons, it remains unclear whether results from the current study would generalize to men whose specific ethnic group identities make up only a small portion of the sample. Indeed, some data suggest that the associations between perceived discrimination, ethnic identity and health differ within ethnic subgroups (Ai, Nicdao, Appel, & Lee, 2015; Ikram et al., 2016; Kim & Noh, 2016). Prospective studies with larger samples of ethnically diverse men would assist with clarifying the developmental trajectory of experiences with discrimination, ethnic identity and LOC eating habits.

ORCID

Nichole R. Kelly http://orcid.org/0000-0003-0812-4182

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