P124 Osteoporosis Knowledge and Health Beliefs in African-American Men: Difference With Age

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Objective: Osteoporosis in men remains under-recognized and under-treated, yet fracture rate in men is at an alarming rate. Osteoporosis research in men is scanty and rarely involved African American (AA) men. Hence, the need to understand the level of osteoporosis knowledge (OK) and related health-beliefs in AA men. The purpose of this study was to investigate osteoporosis knowledge and health-beliefs (HB) in AA men, and if age impacts on these factors.

Design, Setting, and Participants: A cross-sectional study design was employed to gather data from men, age ≥ 18 years on OK and HB, with questionnaires administered online (via Qualtrics).

Outcome Measures and Analysis: Level of OK and HB was assessed with OK Test and HB questionnaire. Data were analyzed across four age groups of men (<35 , 35-49, 50-64, ≥ 65 years). Descriptive statistics, ANOVA and post-hoc tests were conducted to compare differences between age groups, OK, and HB subscales. statistical significance was set at $p < 0.05$.

Results: A total of 138 AA men (41% = <35 , 22% = 35-49, 25% = 50-64 and 16% = ≥ 65 years) completed the surveys. Mean OK score was highest in adults 50-64 (12.23 ± 4.71) and lowest in the 35-49 age group (11.03 ± 4.50). ANOVA showed significant difference between the age groups for two HB subscales (Susceptibility and Exercise barriers).

Conclusions and Implications: Findings showed overall limited OK and HB that do not promote bone health in the study participants. There is need to increase awareness using culturally appropriate strategies, particularly during the prime years, to reduce the burden in the later years and to promote successful aging in this population group.

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P125 Fruit and Vegetable Prescription Program: Design and Evaluation of a Program for Families of Varying Socioeconomic Status

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Objective: Implement and evaluate a social media enhanced, low-subsidy fruit and vegetable prescription (FVRx) program to influence fruit and vegetable (FV) purchasing and consumption of families regardless of socioeconomic status.

Design, Setting, Participants, and Intervention: Because families from all socioeconomic groups do not meet FV recommendations, our program did not specifically target low-income families. In partnership with community organizations and local healthcare providers, pediatricians provided 353 families prescriptions (Rx)

with FV recommendations, a \$10 voucher for produce at their local farmers' market along with access to online support materials designed using the social cognitive theory to reduce barriers to FV consumption. The program ran 16 weeks during the farmers' market season.

Outcome Measures and Analysis: Demographics and familiarity with farmers' markets. Pre- versus post-program parent-reported FV intake for self and child; parent attitudes, knowledge and self-efficacy for purchasing, preparation, and serving FV for the family; and availability of FV in the home.

Results: Parental behaviors surrounding FV purchasing did not change, however, there was significant pre- to post-program improvement in children's FV consumption reported by parents. Rx redemption rates were low (36%) compared to other programs, likely due to logistical factors. Most (90%) of Rx were redeemed by families familiar with farmer's markets.

Conclusions and Implications: The evaluation component of this program revealed some limitations of using the same standard FVRx program design for families of different socioeconomic statuses. The model for FVRx programs would benefit from further research on effective design components. The implementation of this program, however, was significant in the development of relationships between community organizations and healthcare systems.

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P126 Examining Benefits of and Barriers to Physical Activity Among Meal Replacement Program Participants

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Objective: To examine self-reported barriers to and benefits of physical activity (PA) for participants on a meal replacement program (MRP) and to assess differences between program phases.

Design, Setting, and Participants: Forty-eight individuals participating in a phased MRP were recruited. Twenty-four individuals were in the Reduce (weight loss) Phase (34-70y; 19 females) and 24 individuals were in the Sustain (weight maintenance) Phase (31-82y; 14 females).

Outcome Measures and Analysis: Barriers to and benefits of PA were assessed via a slightly modified questionnaire developed by Sechrist et al. Individual questions were grouped into factors (aversiveness of activity, inconvenience, worries and competing demands for barriers; physical and psychological health, weight loss, strength and social for benefits). T-tests were used to examine differences between phases for barriers and benefits.

Results: No differences in total barriers to PA were seen between program phase (2.38 vs 2.13, $p = .25$). The inconvenience factor was higher in the Reduce Phase (2.83 vs

Continued on page S58

P126 (continued)

2.36, $p=.05$). More specifically, “lack of time” was higher (3.54 vs 2.79, $p=.01$). Additionally, being “self-conscious about my looks when I do activities” was higher in the Reduce Phase (2.41 vs 1.58, $p=.007$). No significant differences were found among benefits to PA (4.52, 4.36, $p=.45$). **Conclusions and Implications:** While the Academy of Nutrition and Dietetics supports MRPs programs as an effective diet-related weight loss strategy, PA is traditionally not a focus. Health coaches could be used to facilitate MR program participants overcoming barriers to PA in the Reduce Phase while promoting noted benefits of PA in both the Reduce and Sustain Phases.

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P127 Physical Activity and Sedentary Time Behaviors in Meal Replacement Program Participants

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Objective: To quantify physical activity (PA), sedentary time (ST) and stages of change for PA in meal replacement program (MRP) participants and evaluate if PA differs between MRP phase.

Design, Setting, and Participants: Twenty-four MRP participants (29-63y) in the Reduce (weight loss) Phase and 23 participants (31-82y) in the Sustain (weight maintenance) Phase were recruited for this cross-sectional study.

Outcome Measures and Analysis: PA and ST were assessed via accelerometer (G3TX+, ActiGraph LLC, Pensacola, FL) for 7 days. Average daily minutes of ST and PA were quantified in the following intensity categories: light (LPA), moderate (MPA), vigorous (VPA) and moderate-to-vigorous (MVPA). Stage of Change (SOC) was assessed via the PA Stages of Change questionnaire. Linear regression was used to assess group (Reduce vs. Sustain) differences in PA while controlling for sex and age.

Results: Individuals in the Sustain Phase accumulated less ST (754.0 vs. 889.5, $p=.000$) and greater LPA (291.5 vs. 182.0, $p=.001$), MPA (32.3 vs. 9.2, $p=.000$), VPA (3.1 vs. 0.25, $p=.028$), and MVPA (35.4 vs. 9.5, $p=.000$) than individuals in the Reduce Phase. Only 20% of individuals in the Reduce Phase were meeting PA recommendations, compared to 70% of individuals in the Sustain Phase. 46% of Reduce Phase and 78% of Sustain Phase participants self-identified as being in the SOC maintenance phase.

Conclusions and Implications: The majority of participants in the Sustain Phase were meeting PA recommendations, which suggests the health coaching component may assist individuals in adopting more favorable PA behaviors as they transition through a MRP.

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P128 School-Based Obesity Prevention Policies and Practices and Unhealthy Weight-Control Behaviors Among Adolescent Boys and Girls

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Objective: This study examines secular trends in secondary school curriculum topics relevant to the prevention of unhealthy weight-control behaviors; describes cross-sectional associations between weight-related curriculum content and students' use of unhealthy weight-control behaviors; and assesses whether the implementation of school-based obesity prevention policies/practices are related to changes over time in students' behaviors.

Design and Participants: The Centers for Disease Control and Prevention Minnesota School Health Profiles and Minnesota Student Survey data were used along with National Center for Education Statistics data to examine secular trends ($n=266$ schools); cross-sectional associations ($n=141$ schools); and longitudinal associations ($n=42$ schools).

Outcome Measures and Analysis: Students self-reported their height and weight and past-year use of unhealthy (fast or skip meals, smoke cigarettes) and extreme (use diet pills or other drugs, vomit on purpose, use laxatives) weight-control behaviors. Analyses accounted for school-level demographics.

Results: There was no observable pattern over the years 2002 to 2014 in the mean number of topics or prevalence of including topics addressing unhealthy weight-control behaviors in the curriculum. Prevalences in 2014 were 92.9% for risks of unhealthy weight-control practices, 92.1% for accepting body size differences, and 89.0% for eating disorders. The inclusion of all three topics versus 0-2 topics and independently attention to eating disorders in the curriculum were inversely associated with school-level use of any extreme behaviors. In contrast, an overall measure of implementing school-based obesity prevention policies/practices (e.g., prohibited advertising) was unrelated to use of unhealthy or extreme behaviors.

Conclusions and Implications: Results suggest obesity prevention policies/practices do not have unintended consequences for student weight-control behaviors and support the importance of school-based health education as part of efforts to prevent unhealthy behaviors.

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P129 Determining If Differences in Socioeconomic Status Are Associated With Screen Time Behavior and Physical Activity Levels

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Continued on page S59