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P41 Awareness of Dietary Guidance and Diet Quality of Adults by Race/Ethnicity, What We Eat in America

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Objective: To describe awareness of federal dietary guidance, and compare the Healthy Eating Index (HEI) 2010 and its 12 components by level of awareness for adults by race/ethnicity.

Study Design, Setting, Participants: Cross-sectional analyses of data for all adults 19+ years (N=13,022) from What We Eat in America, NHANES 2007-2012 for Non-Hispanic whites (NH-W), Non-Hispanic blacks (NH-B), and Hispanics (H).

Outcome Measures and Analysis: Using paired t-test, the HEI and its components were compared by level of awareness (unaware; aware (only); aware and tried ('tried') of either the Food Guide Pyramid or MyPyramid (FGP/MP) for each race/ethnicity. Comparisons were considered significant at $P < 0.001$.

Results: For NH-W, NH-B, and H, respectively, 57, 47, and 44% were aware of and 26, 24, and 19% had looked up/tried the FGP/MP. Mean HEI of those who tried was higher among NH-W (55.2) and NH-B (50.4) than either those aware (NH-W: 50.4; NH-B: 45.9) or unaware (NH-W: 48.5; NH-B: 47.5), with no differences among Hispanics. For 12 HEI components, compared to those either unaware or aware, scores for those who tried were higher for seven components among NH-W, for two components among NH-B, and for none of the components among H. Across all ethnic groups, scores of those who tried were not significantly different from either those aware or unaware for intake of refined grains, total protein foods, fatty acids and sodium.

Conclusions and Implications: These results suggest that the FGP/MP was a resource for individuals trying to improve their diet, particularly Non-Hispanic whites. Future research about MyPlate implementation will be informative.

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P42 Cultural Influences of Diet and Physical Activity by Mexican-Americans with Type 2 Diabetes

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Objective: The objective of this study was to identify and characterize patient perceived cultural influences on diet and physical activity (PA) behaviors relevant to type 2 diabetes (T2DM) self-management education for Mexican-American adults.

Methods: A qualitative synthesis was conducted to identify research studies that met the following criteria: >50% of participants included self-identified Mexican-Americans, and findings were related to culturally relevant T2DM self-management diet and/or PA behaviors. Two coders used a content analysis protocol to identify and define cultural elements in the findings of the 19 applicable studies, all guided by the Health Belief Model and Resnicow's theory of cultural sensitivity in public health.

Results: Coders identified and characterized 38 cultural elements. Using Cohen's Kappa coefficient, interrater reliability for cultural elements between the coders ranged from 0.67-1. Cultural elements were categorized as surface or deep level dimensions. The most common surface level elements were food habits (n=15/19), food preferences (n=14/19), use or acquisition of nutrition knowledge (11/19) and healthcare provider preferences (11/19). The top three deep level elements were general health beliefs or attitudes (n=19/19), general beliefs or attitudes about foods (n=17/19) and family turmoil (n=14/19). PA related elements were rare.

Conclusions: Findings highlight patient/client-identified cultural elements relevant to nutrition and PA behaviors for efforts targeting Mexican-Americans with T2DM. These findings have implications for developing and adapting culturally sensitive T2DM self-management education relative to nutrition and PA behaviors.

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P43 Developing Portion Size Image Contents of Red and Processed Meat for an Intake Analysis Program

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Objective: To develop portion size of red and processed meat, and their image contents for an intake analysis program that is designed to let people know and control daily red and processed meat consumption.

Theory, Prior Research, Rationale: The International Agency for Research on Cancer (IARC) has classified processed meat as a carcinogen, and red meat as a probable carcinogen. Meat consumption has increased among Koreans and the report by IARC caused people's anxiety about red and processed meat intake. Thus, there is need for developing and implementing an

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