P13 (continued)

Large churches had 31 ties, medium-sized churches had 98 ties and small churches had 19 ties. Two central, medium-sized churches had the most ties with 20 and 30, respectively.

Conclusions: Although it was assumed that larger churches would have more social network ties, church size was not a limiting factor in serving urban areas through food pantries. Further research is needed to evaluate if current church food pantry social networks ensure vulnerable populations are being adequately served.

Funding: None.

Behavior and Education Theory

P14 Mindful Eating Scores Differ by Body Mass Index and Self-Reported Health Status Among College Students

Opeyemi Adewumi, BS, oadewumi@crimson.ua.edu, University of Alabama, 404 Russell Hall, Box 870311, Tuscaloosa, AL, 35475; Caroline Brantley, MS, LDN, RDN, University of Alabama; Linda Knol, PhD, LDN, RDN, University of Alabama

Background: The prevalence of overweight and obesity continues to rise among college students. College students are also adopting mindfulness habits, such as yoga and mindful meditation, at higher rates than the general population. Mindful eating is a “non-dieting” approach that focuses on paying attention to the body’s internal hunger and satiety cues, while enjoying the food without distraction.

Objective: The purpose of this study was to understand whether mindful eating is related to weight and health status among college students.

Study Design, Setting, Participants: Six hundred and ninety college students participated in an online survey.

Outcome Measures/Analysis: The survey included: the Mindful Eating Questionnaire (MEQ), a validated global health question, self-report of weight and height, and demographics. Mindful eating was reported on a five-point Likert scale where higher scores represented higher mindful eating practices. Multiple regression analysis was used to test for significant differences in mindful eating scores by weight status and health status after adjusting for demographics.

Results: Among respondents, 19.6% rated their health as fair or poor and 67.8%, 20.7%, and 11.5% were classified as healthy weight, overweight, or obese, respectively. After adjusting for demographics, MEQ scores were significantly higher among students reporting their health as excellent/very good/good vs fair/poor (3.4 ± 0.4 vs 3.2 ± 0.4 , $P < .0001$). MEQ scores were significantly different between weight status categories where students in the healthy weight range (3.4 ± 0.4) had significantly higher scores than their overweight (3.3 ± 0.1 , $P = .003$) or obese counterparts (3.2 ± 0.4 , $P < .0001$).

Conclusions: Among college students, mindful eating scores were slightly higher for students at a healthy weight and reporting good health compared to their counterparts. Thus, mindful eating interventions may be an effective strategy for addressing overweight and obesity in a university setting.

Funding: None.

P15 Self-Efficacy and Psychosocial Determinants of Obesity Prevention Behaviors in Caucasian Americans

Doreen Liou, EdD, RDN, lioud@montclair.edu, Montclair State University, 1 Normal Ave, Montclair, NJ, 07043; Lauren Kulik, BA, Montclair State University

Background: The obesity epidemic is a salient health issue affecting Caucasian Americans in the United States. Food consumption patterns, dietary choices, and physical activity behaviors influence weight-related outcomes in individuals. Psychosocial theories provide a foundation in understanding mediators of health behaviors.

Objective: To identify psychosocial determinants of obesity prevention behaviors in Caucasian Americans residing in New Jersey.

Study Design, Setting, Participants: A cross-sectional survey design was used in which a convenience sample of 174 participants (18 to 40 years old) completed a validated online, self-administered questionnaire. Male and female participants were recruited from universities, religious organizations, and cultural institutions, representing a wide range of educational and socioeconomic backgrounds in New Jersey.

Measurable Outcome and Analysis: Nineteen behaviors related to obesity risk reduction were measured along with self-efficacy and psychosocial constructs derived from the Theory of Planned Behavior. Participants indicated their adoption of behaviors over the previous month reflecting food practices, portion size control, consumption of plant-based foods (eg fruits, vegetables, whole grains), and engagement in physical activity. Descriptive statistics and regression analyses were conducted for the entire sample. T-tests were applied for individuals categorized as high vs low self-efficacy groups.

Results: The mean age of the study participants (70% female) was 26.4 (SD = 7.0) years with an average body mass index of 24.7 (SD = 4.8). Regression analysis showed that 37.5% of the variance in obesity risk reduction behaviors was accounted solely by self-efficacy. T-tests indicated that there was a higher frequency of adoption of 17 health behaviors within the high self-efficacy group as compared to their low self-efficacy counterparts. Notable mean differences in behavior included eating home-cooked meals ($P < .05$), limiting portion sizes of food ($P < .001$), eating fruits and vegetables ($P < .001$), engaging in physical activity ($P < .001$), and monitoring body weight ($P < .01$).

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