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

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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

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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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P15 (continued)

Conclusions: Nutrition professionals who work with young American adults need to assess their self-efficacy in order to engage in health behaviors. In fostering behavioral confidence, executing skill building interventions that address food choice behaviors is critical for obesity prevention.

Funding: None.

P16 Associations Between Latino Fathers' Food Involvement with Adolescents and Food Parenting Practices

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Background: Latino father involvement in meals and food management may be related to frequency of food parenting practices that could improve adolescent dietary intake. However, limited information exists about this relationship.

Objective: To examine associations between the frequency of Latino fathers' meal/food involvement and father food parenting practices based on adolescent report.

Study Design, Setting, Participants: A cross-sectional study was conducted using baseline survey data from Latino adolescents (10-14 years, n = 138) participating in a community-based intervention with fathers to prevent obesity (2017-2019). Adolescents reported frequency of fathers' meal/food involvement, and father food parenting practices using tested survey instruments.

Measurable Outcome/Analysis: Logistic regression models were used to examine associations of family meals; meals with fathers; and paternal food involvement (planning, buying, preparing) (independent variables) with food parenting practices (setting expectations; role modeling; home food availability for fruits, vegetables, and sugar-sweetened beverages [SSBs]) (dependent variables) adjusted for income; children in the home; and adolescent age and sex.

Results: Greater father food involvement was associated with expecting adolescents' fruit intake ≥ 2 times/day (OR, 3.04; 95% CI, 1.30-7.08), role modeling fruit intake (OR, 3.53; 95% CI, 1.51-8.30), and making fruit available > 3 times per week (OR, 4.04; 95% CI, 1.67-9.79). Meals with fathers ≥ 5 times/week was associated with role modeling fruit and vegetable intakes > 3 times per week (OR, 2.87; 95% CI, 1.28-6.43 for fruit; and OR, 3.26; 95% CI, 1.51-7.06 for vegetables), and making fruit and vegetables available > 3 times per week (OR, 3.45; 95% CI, 1.52-7.86 for fruit; and OR, 2.94; 95% CI, 1.29-6.72 for vegetables). Family meals ≥ 5 times/week were positively associated with making SSBs available ≥ 2 times/week (OR, 2.53; 95% CI, 1.07-5.98).

Conclusions: Food and meal involvement among Latino fathers may enable certain food parenting practices to improve adolescent food behaviors.

Funding: NIFA.

P17 Health and Diabetes Perspectives of Mexican-Origin Males at Risk for Type 2 Diabetes (HD-MxOM): A Qualitative Study

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Background: The combination of rapid population growth and diabetes prevalence disparities convey an alarming health trajectory for the Hispanic population. Hispanics represent the largest minority group in the United States, with current trends expected to double the Hispanic population to 111 million by 2060. The prevalence of diabetes among Hispanics is 16.4%, second only to non-Hispanic blacks, and Hispanics hold the third highest prevalence of prediabetes at 31.7%. Furthermore, males of Mexican descent have the highest rates of diabetes (14.2%), overweight (80%) and obesity (43%) across all ethnic groups.

Objective: Explore the perspectives on diabetes, nutrition, and health among native Spanish-speaking, Mexican origin males at risk for type 2 diabetes (T2D).

Study Design, Setting, Participants: The present qualitative study utilized audio-recorded, semi-structured interviews of Spanish-speaking, Mexican-origin males, between the ages of 40 and 64 at risk for T2D. At risk for T2D was defined as > 40 years of age, (BMI > 27), and formal exercise less than 3 times per week.

Measurable Outcome/Analysis: Data collected included clinical (height, weight, waist circumference, blood pressure) and demographic (time living in the US, marital status, employment, income, educational attainment, and physical activity). The audio data from the 15 participants were transcribed and underwent 3 cycle coding for categorization and thematic analysis.

Results: Barriers to health behavior among Mexican-origin males include: poor understanding of diabetes and nutrition knowledge, unreliable sources of health information, medical machismo, and socioeconomic status. Novel findings include perspectives of intense diabetes severity, personal responsibility for health, and sociocultural barriers such as pediatric health formation.

Conclusions: HD-MxOM represents the first, theory-based study for the exploration of diabetes perspectives among Mexican-origin males. The emergent themes include a poor understanding of diabetes and nutrition, inhibitory sociocultural forces such as medical machismo and valemadrismo, and low health prioritization. These findings provide educators and clinicians essential information for optimization of program development and clinical interaction with Hispanic men.

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