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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