Food and Physical Activity Workplace Environments of Emerging Adults: Disparities in the Presence of Barriers and Supports

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**Background:** Research suggests that workplace food availability, access to exercise facilities, and social norms are important influences on health behavior. However, few studies have focused on the workplace environments of emerging adults and addressed equity in supports for health.

**Objective:** Examine the prevalence of workplace barriers and supports for healthy eating and physical activity among emerging adults.

**Study Design, Setting, Participants:** Population-based study (Eating and Activity over Time: EAT 2010-2018) of young people who were recruited from 20 schools in Minneapolis-St. Paul, Minnesota in 2009-2010 and completed follow-up in 2017-2018. Follow-up data were available for 1065 participants (57% women, mean age=22.3 years) who reported having paid employment for at least 10 hours per week in a location other than their own home.

**Measurable Outcome/Analysis:** Workplace barriers and supports were self-reported as part of the follow-up survey. Participants also reported characteristics at baseline (eg, ethnicity/race) and follow-up surveys (eg, employment status, educational attainment). The analysis used chi-square tests to examine differences in workplace environments across reported characteristics and incorporated response weights to account for attrition.

**Results:** Nearly half of emerging adult participants reported that it was not easy to buy healthy food at or around their workplace and 64% indicated that coworkers frequently bring high-calorie foods to share. Although 69% of participants indicated it is easy to be physically active at or around their workplace, only 19% of participants had access to low-cost exercise facilities. Only about half of participants indicated their coworkers care about eating healthy food. Disparities in the prevalence of

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Food Security Among Community-Living Older Persons in Malta: Consumption, Provisioning and Challenges

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Background: Healthy ageing policies are a priority for the Maltese government, and ensuring nutritionally adequate diets is one of the foci. Given the lack of evidence on food consumption and provisioning among Maltese older persons, a study was conducted to offer some basic insights.

Objective: The study sought to uncover what community-living older persons eat in different meals, their source of food and related support, and challenges they face in food provision and consumption.

Study Design, Setting, Participants: A sequential mixed methodology approach was adopted involving a questionnaire-based survey followed by focus group interviews. Participants were recruited via Day Care centres, social media announcements and snowballing, and had to be non-institutionalised and 65 years or older.

Measurable Outcome/Analysis: Survey data was analysed to obtain frequencies on dietary intake at the food and meal level, common sources and support of food provisioning, and challenges faced. Interview data was analysed and coded for themes, and direct quotations selected, to provide depth on the survey findings.

Results: Two hundred and sixty-four older persons completed the survey and 24 persons actively participated in 3 focus groups. The majority were 65-70 years (41%), female (81%), married (53%) and living with another older person (48%). Foods and drinks consumed by more than 50% of the surveyees were: for breakfast, cereal with milk (69%), toast with spread (42%), fruit (40%), coffee (95%) and tea (79%); for lunch, soups (65%), meat dishes (52%), vegetables (49%) and pasta (48%); for supper, soups (44%) and bread with spreads (42%). Fruit was the most consumed snack (58%). Older people revealed difficulty in physically (17%) and financially (14%) accessing food. They most commonly bought food themselves (74%) from neighbourhood stores (44%). 39% stated they found it a challenge to eat healthily.

Conclusion: A majority of the surveyed older persons appear to be fairly food secure; however, further research is required to determine nutritional adequacy, related barriers, and to obtain data for very old persons not surveyed.

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Household Size, Food Insecurity and Fruit and Vegetable Intake of Keiki Produce Prescription (Kprx) Program Participants

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Background: Fruit and vegetable (FV) intake is low among individuals residing in homes that experience food insecurity (FI). Native Hawaiian and other Pacific Islander (NHOPI) populations experience increased risk for FI and low FV intake. Household size may impact the resources available to address FI and FV. The Keiki (child) Produce Prescription (KPRx) Program was introduced to reduce address FI and FV intake among predominantly NHOPI children.

Objective: Explore the relationships between household size, FI, and FV consumption at baseline among KPRx program participants and their parents.

Study Design, Setting, Participants: A cross-sectional analysis of baseline data from the KPRx study was conducted. The KPRx program was delivered at the Waianae Coast Comprehensive Health Center (WCCHC). Eligible participants (2 to 17 years old; positive screen for FI; residing with on Waianae Coast; and English-speaking) were screened by pediatricians.

Measurable Outcome/Analysis: Food insecurity was assessed using the US Census Bureau Current Population Survey. Parent and child FV intake was assessed using the National Institutes of Health All-Day Screener which included 8 components (fruit, lettuce salad, French fries and fried potatoes, other potatoes, beans, other starchy vegetables, other vegetables, and vegetable soup). FI was assessed for 6-months, 30-days, FI coping strategies, and food program participation. Household size was obtained in KPRx surveys. Independent samples t-tests were used to evaluate the relationship between mean household size and FI measures and FV intake of parents and children.

Results: Household size greater than 5 was significantly related to higher intake of lettuce salad, other white potatoes, and beans (p<0.05, n=121) among parents and fruit, other white potatoes, and beans among children (p<0.05, n=121). Food insecurity coping strategies survey responses were higher among larger households (2.5 vs. 2.51, p<0.05, n=121).

Conclusion: Understanding the influence of household size on FI and FV can aid in tailoring interventions. Future research should investigate the additional influences of household income and composition of households (i.e., number of adults and children) on the relationships identified.

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workplace barriers and supports were identified across categories of educational attainment, student status, and ethnicity/race. For example, exercise facilities were more often available to participants who had a four-year college degree (29%) compared to those with no high school degree (11%) or a high school degree but no college degree (18%) (p = 0.003).

Conclusion: Public health interventions and policies are needed to address prevalent barriers to health behaviors and increase equitable access to supports.

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