05 (continued)

to areas for educational focus to help improve post-surgical results and reduce complications.

Funding: None

06 Herbs and Spices in Low-Income Households

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Objective: This study's objective was to determine what spices are available in low-income households.

Study Design, Setting, Participants, and Intervention: This was a survey interview study. A convenience sample of low-income individuals (n=125). Most were women (n=95), and black (n=76), white (n=31), or Hispanic (n=21). Interview sites were job training and GED programs, substance abuse recovery and family success centers, and houses of worship in Atlantic City, Camden, Mount Holly, Newark, and Trenton, New Jersey.

Outcome, Measures and Analysis: Demographic questions were posed, and a list of spices was read. Participants were asked how often they cooked dinner and to rank, on a 5-point Likert scale (1=never; 5=always), spices they kept. Means and frequencies were calculated for individuals' demographic characteristics, the number of dinners they cooked at home/week, and the spices named.

Results: Approximately 89% reported they cook at least 5-7 dinners per week. The mean number of dried spices they had to cook with was 20.1±9.4; the median was 20.0. More than half the participants usually kept these 8 spices in their homes: black pepper (71.4%), garlic powder (71.4%), salt (67.5%), adobo (67.5%), ground cinnamon (66.7%), red pepper flakes (57.2%), sazón seasoning (54.8%), and oregano (52.8%). Over half kept these 6 spices at least "sometimes": Italian seasoning (73.2%), paprika (64.6%), chili powder (58.7%), bay leaves (55.6%), ground nutmeg (55.6%), and Mrs. Dash (55.6%). A third usually had fresh garlic (48.4%) and hot peppers (31.0%).

Conclusions and Implications: This study suggests that low-income individuals keep spices on hand. Nutrition educators should note the types of spices they keep when developing recipes for their use.

Funding: Supplemental Nutrition Assistance Program - Education

07 Are There Fat Tables in Restaurants? A Preliminary Analysis of Where People Sit and What They Order

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Objective: Does where you sit in a restaurant predict what you will order? This preliminary analysis investigates how

the seating choice of restaurant patrons correlates with what they order.

Study Design, Setting, Participants, and Intervention: Purchase records from 273 patrons of a causal dining restaurant were collected and the location of their table or booth number was recorded in the late summer and early fall of 2011.

Outcome, Measures and Analysis: Chi-square tests were used to compare the purchase incidence of various foods based on the location from which they were ordered.

Results: In general, people sitting in booths ordered much less healthy food than those seated at tables. They were more likely to order more BBQ ribs (p<.05) and deserts (p<.05). For those seated at tables, those seated near TVs ordered more chicken wings (p<.01); those seated at tall tables ordered more fish (p<.05) and salad entrées (p<.01); those seated at window tables ordered more vegetables, including vegetarian entrées (p<.01); and those eating outside ordered more side salads (p<.01) and fewer drinks (p<.05).

Conclusions and Implications: Although these results are correlational, not causal, many are consistent with behavioral expectations. Brighter light (sitting by windows or outside) has been shown to lead one to more closely monitor their intake while darker (booths) and more distracting areas (by a television) inhibit monitoring and may lead to poor choices. While correlational, these results might suggest that if a person wants to be skinny, they should sit where the skinny – healthy ordering – people sit.

Funding: None

08 Food Handling Knowledge and Safety and Hygiene Practices of Food Vendors in Tertiary Institutions in Lagos State, Nigeria

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Objective: To evaluate the food handling knowledge and food hygiene practice of food vendors and its implications for academic achievement of students in tertiary institutions in Lagos state, Nigeria.

Study Design, Setting, Participants, and Intervention: A descriptive cross sectional survey was carried out among 120 food vendors and 190 students who were selected by means of a purposive sampling.

Outcome, Measures and Analysis: A pre-tested questionnaire was used to assess the food handling knowledge of the vendors and an observation checklist was used to capture their safety and hygiene practices. Frequency counts and chi-square were used to analyze data.

Results: The food vendors in the institutions were mostly (70.8%) females. More than 60% of them were between 30-40 years old. The food handling knowledge of majority (66.6%) of the vendors was very good, while most (40%) of them had poor hygiene and food safety practices indicating that the food handling knowledge of food vendors

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did not translate into good food hygiene and safety practices. Data from the institutions' health centers also revealed that an average of 42 incidents of food borne diseases are reported on a monthly basis. Incidents of food-borne diseases were mostly among students who patronize food vendors and poor safety and hygiene practices of food vendors have a negative influence on the academic achievements of students.

Conclusions and Implications: Supervisory bodies should be set up by the management of the institutions to monitor the food and safety practices of the food vendors.

Funding: None

O9 Why Do Some Parents Oppose School-based Nutritional Interventions?

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Objective: School-based interventions encounter parental reluctance to allow children to participate. We analyzed their objections.

Study Design, Setting, Participants, and Intervention: A cluster randomized controlled trial examining a school-based nutritional intervention consisting of 5 joint parent-child activities on nutritional topics and 5 educational workshops for parents only. Reasons for parental opposition during recruitment were gathered by telephone interviews.

Outcome, Measures and Analysis: Qualitative analysis of telephone interviews with opposed parents by analyzing and grouping into categories the content and mapping connections.

Results: Of 743 children in 23 second grade classes, 235 (32%) parents did not provide informed consent for participation. The six main reasons for parental opposition: 1) Nutrition studies might cause eating disorders. 2) Possibility of parent-child confrontations. 3) Possible impact on family eating habits. 4) Children are not experimental subjects. 5) Children should eat whatever they want. 6) Lack of time or inconvenient. The fear that the study might cause eating disorders was the strongest. 508 (68%) parents provided informed consent. A positive correlation was found between the teachers' attitude and parents' participation ($p < 0.0001$). The intervention group showed better height and BMI at the end of second grade and waist circumference in the 3rd grade, and there was an insignificant increase in children seeing their bodies as normal.

Conclusions and Implications: Researchers should recognize and neutralize parents' fears and encourage a supportive attitude among teachers. Parental fears were uncorroborated. There was no evidence of any deleterious effect on children.

Funding: Israel Diabetes Association, MSD and The Martin & Vivian Center for the Normal and Psychopathological Development of the Child and Adolescent

O10 An Observational Analysis of Dinner Meals to Identify Factors That Influence Vegetable Intake in Children

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Objective: To explore how availability, liking, and preparation time of vegetables at dinner may influence vegetable intake in low-income children ages 9-12.

Study Design, Setting, Participants, and Intervention: Twenty low-income families with at least 1 child (ages 9-12) were observed during dinner preparation and consumption in their homes in the Minneapolis/St. Paul metropolitan area. Observational data were collected by video recording, parents and children completed questionnaires, and a researcher conducted an inventory of vegetables in the home.

Outcome, Measures and Analysis: The amount of time needed for vegetable preparation compared to total dinner preparation was determined by video analysis. A 10-point scale estimated child liking of 16 different vegetables. The food inventory provided a count of vegetables available in the home. Food security questions characterized families by the severity of hunger in households.

Results: Children consumed a vegetable at 75% of dinners observed. Vegetables served as side dishes contributed to consumption of 1 serving of vegetables. Dinner took an average of 30 minutes to prepare with less than 10 minutes for vegetables. Children had tried an average of 86% of the 16 vegetables and liked at least 3 of those tried. Vegetables were available in all 20 homes, with at least 7 different types present. The number of vegetables available did not differ by food security status.

Conclusions and Implications: Low income families may have enough availability and time to offer vegetables to children with dinner and children like a variety of vegetables. Therefore, more research is needed to address additional barriers to consuming vegetables in this population.

Funding: NIFA

O11 Adding a Social Marketing Campaign to a School-based Nutrition Education Program Improves Dietary Intake Among Children

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Objective: To assess the impact of the Iowa Nutrition Network's school-based dietary change intervention (BASICS) and assess the benefits of adding a social marketing campaign (BASICS Plus) that increased parent-directed communication.

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