O8 (continued)

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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