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texture of two types of food products, and to determine beliefs about the healthfulness of gluten-free diets.

Study Design, Setting, Participants, and Intervention: Participants (n=97) were recruited from the University of Florida campus over a one-day period. Panelists were presented with two sets of paired items (cookies and chips) equaling four total products. One item from each pair was labeled “gluten free” and one “conventional.” All paired items were identical gluten-free products. Researchers utilized a within-participant design.

Outcome, Measures and Analysis: Panelists rated each item on a nine-point hedonic scale for overall liking, flavor, and texture then answered a short questionnaire to determine health beliefs relating to gluten-free diets. Responses were recorded using Compusense software, and analysis of variance (ANOVA) was used to determine the impact of labeling.

Results: No significant differences were reported for overall likeability, taste, or texture for either product pair. While 57% of participants agreed that gluten-free diets were used to treat medical conditions, 32% believed that they were prescribed for weight loss. Other beliefs included that excluding gluten from an otherwise healthy individual's diet would improve overall health (31%), improve digestive health (35%), improve the diet (32%), and improve skin/complexion (21%). In addition, 37% agreed that gluten-free foods were healthier than their gluten containing counterparts.

Conclusions and Implications: Results from this study indicate that gluten-free labels do not significantly impact consumer's perceptions of food quality, although consumers may have unsubstantiated beliefs about the healthfulness and potential positive impact of gluten-free diets.

Funding: None.

P198 The Need for Consumer Nutrition Education to Identify High-Sodium Processed Foods Advertised in Bronx-based Supermarket Circulars

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Objective: To quantify the proportion of high-sodium processed foods advertised in Bronx-based supermarket circulars as a means to understand the need for educating consumers to accurately interpret the nutrition facts label.

Study Design, Setting, Participants, and Intervention: This cross-sectional study was done on online circulars for Bronx-based supermarkets. Nutrition facts label information for packaged, ready-to-eat foods advertised on the first page of 15 Bronx-based supermarket online circulars were analyzed for their sodium content. Foods were classified as “high” in sodium if they contained at least 480 milligrams of sodium in one serving of food.

Outcome, Measures and Analysis: The proportion of high-sodium products with respect to the total number of advertised packaged foods was calculated.

Results: Fast foods, meals, entrees and side dishes were the greatest contributors of high-sodium foods. Out of the 898 advertised packaged foods, 24% were estimated to be high in sodium.

Conclusions and Implications: The Bronx is one of the poorest boroughs in New York City, and more than 40% of its population is African-American. This ethnicity is characterized by an increased risk and earlier onset of hypertension as well as a genetic predisposition towards salt-sensitive hypertension. Processed foods are the greatest contributors of high sodium intake among Americans. In light of the increased sodium consumption among Americans as well as the increased prevalence of salt-sensitive hypertension among African-Americans, nutrition education focused on accurate understanding and interpretation of the nutrition facts label is essential for the Bronx population.

Funding: None

P199 The Quality of Diets Reported by Expanded Food and Nutrition Education Program (EFNEP) Participants in the Mountain Region

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Objective: The 24-hr recalls of dietary intake collected from EFNEP participants have not been widely used. We compared the quality of diets reported by participants when entering the program with those reported when exiting.

Study Design, Setting and Participants, and Intervention: This study was a secondary analysis of data collected from 3,365 female participants in the 8 states of the mountain region from October 2010 through September 2011. The education program was delivered and the pre- and post-intervention recalls were collected by trained paraprofessionals in participants' homes or community settings.

Outcome, Measures and Analysis: Because the 2005 Dietary Guidelines were in effect when the curriculum was developed, the Healthy Eating Index (HEI)-2005 was selected as the diet quality indicator. We calculated mean HEI-2005 scores and, using the USDA/CNPP Food Prices Database, the mean cost of reported diets. Significant differences were determined using Wilcoxon signed-rank tests.

Results: At entry the mean total HEI-2005 score was 49.1 (out of a possible 100); and at exit, 55.2. Nine of the 12 component scores improved significantly while Sodium worsened. The mean cost of the diets reported at entry was \$4.35; at exit it was 12% higher, \$4.76.

Conclusions and Implications: Because of the self-reported data, lack of biomarkers, and no control group, it is difficult to conclude that diet quality improved; however, it is likely that diet quality improved in the short-term

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and was accompanied by an increase in food cost. The HEI can be used in the evaluation of other programs as well.

Funding: None.

P200 A Qualitative Assessment of Self-Management Priorities Among Persons With Type 2 Diabetes

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Objective: The objective of this study was to identify self-management behaviors that Medicaid-eligible adults with physician-diagnosed Type 2 diabetes perceived as important to change.

Study Design, Setting, Participants, and Intervention: Prevalence of Type 2 diabetes continues to increase worldwide, and proper self-management is critical to controlling the disease. Understanding patients' self-management priorities is important for intervention success.

Outcome, Measures and Analysis: Beginning in the third session, participants (n=63, mean age=55.58±12.48) were asked to set weekly goals to better manage diabetes. Qualitative data was collected during a 10-session lifestyle management program for persons with Type 2 diabetes.

Results: The majority of participants (77%) set increasing physical activity as their goal at least one time during the program. Walking was mentioned most frequently followed by water aerobics, stretch band exercises, chair dancing, aerobics, gardening, and dancing. 58% of participants chose to make healthier food choices as a goal at least one time. Specific goals included limiting fast food, using healthier cooking methods, reducing intake of sweets, replacing sweetened beverages with water, and choosing healthier alternatives to high fat foods. 32% of participants chose to monitor food intake as their goal at least once during the program. This included keeping a food diary, watching portion sizes, and reading food labels. Other goals set by participants included eating more fruits and vegetables; eating regular meals/snacks; taking medication as prescribed; monitoring blood sugar; and reducing smoking.

Conclusions and Implications: These findings provide in-depth patient perceived foci, especially with regard to lifestyle behaviors, that should be targeted by health professionals who wish to tailor education and counseling in vulnerable populations.

Funding: Medicaid

P201 Characteristics and Kitchen Proficiency of Adults at Intervention Baseline: iCook 4-H

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Objective: To assess characteristics and kitchen proficiency of adults in an obesity prevention intervention.

Study Design, Setting, Participants, and Intervention: Adults were assessed at the start of a two-year intervention, control/treatment design, conducted in five states. The study included adult-youth dyads. Settings were Extension offices, community centers, and schools.

Outcome, Measures and Analysis: Demographics and kitchen proficiency were assessed through surveys, frequencies were calculated, and student t-tests were conducted to examine control and treatment differences.

Results: Adults (n=224; mean age = 38.8 ± 8.1 years) were 90% female and ethnicity was 69% white, 13% Hispanic, 9% black, and 2% other. About 65% were married, 60% had some or more college education, and 39% participated in assistance programs. No significant differences were detected between treatment and control. Most to almost always, participants reported their children ate something within 2 hours of waking (82%), thought about healthy food choices (73%), compared prices when shopping (67%), and shopped with a grocery list (63%). Sometimes to most of the time, about 65% planned meals ahead and used Nutrition Facts Labels to make choices. Participants seldom to never did not run out of food (55%), leave meat and dairy sit out longer than 2 hours (87%), and let foods thaw at room temperature (50%).

Conclusions and Implications: Many reported positive morning feeding behaviors with children and thinking about healthier choices for families. About half to one-third reported unhealthy food safety and grocery shopping habits and a lack of meal planning. Programs need to include education on food safety practices, grocery shopping to support healthy habits, and skills to enhance kitchen proficiency.

Funding: NIFA

Additional Funding: State Experiment Stations

P202 Gateway to Green: The Family Experience of Community Supported Agriculture

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Objective: To understand how family participation in a Community Supported Agriculture (CSA) program affects families' food and environmental behaviors and identities.

Study Design, Setting, Participants, and Intervention: Qualitative study using semi-structured interviews of 36 families in Manhattan, a total of 51 adults and 14 children, with active CSA memberships during the 2012 season.

Outcome, Measures and Analysis: A grounded theory approach was used to construct a model of how CSA membership affects families. Interviews were transcribed and

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