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acid, but findings suggest that novel delivery methods are needed to enhance client interest. Future steps will discern the impact of Everyone Needs Folic Acid on educator practices as a critical consideration for developing and delivering effective and sustainable programs.

Funding: Supplemental Nutrition Assistance Program - Education.

P86 “It’s Celebration Time!” Encouraging Healthy Holidays in Childcare: Providers’ Motivators, Facilitators and Barriers

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Objective: Foods high in calories, fat, sugar and sodium are often characteristic of the foods served to children during holidays and celebrations in childcare. The objective of this study was to determine childcare providers’ motivators, facilitators and barriers when encouraging healthy items for holidays and celebrations in Head Start (HS), Child and Adult Care Food Program (CACFP) funded, and non-CACFP childcare centers.

Design, Setting and Participants: Providers were selected using maximum variation purposive sampling. Semi-structured interviews were conducted until saturation was reached.

Outcome Measures and Analysis: Using NVivo, thematic analysis was used to develop codes and themes regarding provider perceptions.

Results: Childcare providers were motivated to encourage healthier alternatives for holidays and celebrations because they wanted to promote growth and development while limiting unhealthy foods from children’s diets. HS and CACFP providers reported it was easy to encourage healthy items because they had strict policies, and provided parents ideas for healthy alternatives including fruits, veggies, limiting portion size and non-food items (e.g., pencils, stickers). CACFP and non-CACFP providers reported trouble with encouraging healthy celebratory foods because parents were a barrier in doing so, they often got upset, may pull their child out of the school, were busy, felt there were too many limits on foods, and wanted to stick to traditional holiday foods. Suggestions to overcome the barriers were that change takes time and that the providers should regularly offer parents a list of healthier and convenient alternatives to high sugar/ high fat foods.

Conclusions and Implications: Promoting parent-provider interactions and policy changes could facilitate provider’s ability to encourage healthy foods during celebrations.

Funding: Administration for Children and Families Office of Planning and Evaluation Research and, the Illinois Transdisciplinary Obesity Prevention Program (I-TOPP).

P87 Obesity Prevention Practices in Childcare: Administrators’ Barriers to Healthy Eating Practices Across Childcare Contexts

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Objective: Childcare programs offer unique opportunities for childhood obesity prevention. Regulations among these programs (i.e., Head Start, Child and Adult Care Food Program (CACFP), or Non-CACFP) create unique “regulation-based contexts” that influence nutrition practices. This paper seeks to address the knowledge gap with regard to nutrition practices and perceived administrators’ barriers to promoting healthy eating across these contexts.

Design, Setting and Participants: Childcare directors (n=29) across different regulation-based contexts completed self-administered surveys regarding nutrition practices and barriers.

Outcome Measures and Analysis: Significant differences in practices were determined through Pearson’s chi-square test of homogeneity across program contexts.

Results: Significant differences in practices were found across childcare contexts with Head Start programs having an increased compliance to recommended practices as compared to CACFP-funded and non-CACFP programs. For example, Head Start programs were more likely to review children’s dietary history at intake ($p<0.05$), serve low-fat milk ($p<0.001$), not serve high-sugar foods during the week ($p<0.05$), serve 100% juice drinks ($p<0.05$), and require staff to consume the same food/beverages as children are served ($p<0.01$), as compared to other programs. Head Start programs identified the most significant barrier as a lack of parental support for providing healthier meals. However, CACFP and non-CACFP-funded programs identified insufficient funding to cover the cost of healthier food as the most significant barrier to provide healthier meals.

Conclusions and Implications: Regulation-based contexts not only impact practices, but also barriers to improving practices. Therefore strengthening regulations to facilitate practices, addressing barriers and developing nutrition education based on the context is imperative for successful implementation of obesity prevention practices in childcare.

Funding: Administration for Children and Families.

P88 Assessing Sodium Intakes: Are Reduced Sodium Food Choices Being Made?

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Objective: To evaluate reduced sodium food choices and behaviors using a newly developed surveillance tool - the Short Sodium Screener.

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Design, Setting and Participants: A general demographic questionnaire and two short sodium screener questionnaires containing forty food intake questions with monthly, weekly or daily response options was developed based on population consumption data from the Canadian Community Health Survey – Nutrition (CCHS 2.2). Three additional questions on discretionary salt intake were included.

Outcome Measures and Analysis: Subjects demographic information and dietary behaviors were assessed through an analysis of the data and frequencies were calculated.

Results: Adult subjects (N=100) were 83% female, 59% were between the ages of 19-30, with 78% Canadian, and 3% American. Twenty-seven percent ate out 1-2 times per week, 36% 2-3 times per month and 22% 0-1 time per month. Overall, 31.9% consumed low sodium products once per month, 13% chose a product weekly while 3.7% consumed products daily. One-quarter of subjects used salt when cooking while 47% added salt to their foods at the table.

Conclusions and Implications: As the evidence associated with the health consequences for high sodium intake grows, and recommendations for lowering population sodium intakes are put forward, subjects in the current study demonstrated a low consumption of sodium reduced products in combination with consumption behaviors that included the use of added salt. Further use and enhancement of the Short Sodium Screener will allow for a refined characterization of sodium intakes in the population.

Funding: Health Canada.

P89 Mothers Use a Variety of Authorized Vendors for Their WIC and Regular Grocery Shopping

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Objective: To describe where WIC mothers grocery shop and to explore reasons why they may use different stores for their WIC and regular grocery shopping.

Design, Setting and Participants: Mothers of WIC-enrolled children were interviewed in a cross-sectional survey. Families were included if the child was 2-4 years of age and identified by the mother as Black/African American, Caucasian, or Hispanic.

Outcome Measures and Analysis: Mothers named the store(s) where they did their WIC and regular grocery shopping. Those reporting using different stores explained why. Listed WIC-authorized vendors were classified by store size and mothers' explanations were thematically categorized. Data were evaluated using descriptive statistics.

Results: The majority of the 138 interviewed mothers used large vendors for their WIC shopping (n=98; 71.0%). More

than half of the mothers reported doing their WIC and regular shopping at different stores (n=77; 56.2%). Interestingly, 79.2% (n=61) of these mothers still used a WIC-authorized vendor for their regular grocery shopping, with the listed stores ranging in size. The most frequently reported reasons for using another store were cost, each store meeting a specific need, and location/transportation.

Conclusions and Implications: Mothers patronize a range of authorized vendors for their WIC and regular grocery shopping, although not always the same store for both. These findings provide important insight into the approach WIC mothers take when grocery shopping and have important implications for authorized vendors.

Funding: NIFA.

P90 Want to be Seen as More Loving and a Better Cook? Serve Vegetables to Your Kids

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Objective: Does serving vegetables influence what your family thinks of you? If serving any vegetable – canned, frozen, or fresh – at dinner made a person appear more loving or as a better cook, it might motivate more parents to offer more vegetables at more meals.

Design, Setting and Participants: 500 mothers from a national on-line panel were asked to rate their expected taste of the entrées in five different meal combinations which either did or did not include vegetables. They also read one of two day-in-the-life scenarios of a woman named Valerie who – at the end of a hard day – either did or did not include a vegetable with the family dinner. They then rated Valerie on a number of personal qualities.

Outcome Measures and Analysis: Rated taste expectations of entrées (“Not Very Tasty” = 1; “Very Tasty” = 9) and the three (of 12) adjectives that best described the meal preparer.

Results: When either fresh, frozen, or canned vegetables were included in a meal, the taste expectation of the entrée as rated as higher ($p < .001$). In the scenario where Valerie served vegetables, she was rated as more loving, thoughtful, and selfless than when she did not (all $ps < .05$).

Conclusions and Implications: If serving a vegetable makes a parent appear both more loving and as a better cook, public health messages should focus on motivating the self-interest of the cook. If we are too tired to serve vegetables to our kids, we can serve them for us.

Funding: Original data collection was sponsored by Birds-Eye (Pinnacle Foods).

P91 Slim by Design Shopping: Assessing the Reliability of a Grocery Retailer Scorecard for Healthy Shopping

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