P184 (continued)

developed, validated and pilot tested to assess nutrition knowledge. Paired T test and McNemar tests were used to assess change in nutritional knowledge.

Results: The intervention improved nutrition knowledge on food selection by 17% ($P < 0.001$), food storage by 16% ($P < 0.001$), timely initiation of breastfeeding by 12.1% ($P = 0.01$) and benefits of timely introduction of complementary feeding by 15.1% ($P = 0.002$). All the participants (100%) identified the appropriate method of cooking vegetables and the right time to start complementary feeding as 6 months.

Conclusions and Implications: Results of this study indicate that a demonstration based nutrition education intervention improved nutrition knowledge of women which may lead to improved child feeding practices hence reduction in child malnutrition.

Funding: None.

P185 Why Low-Income, Hispanic Mothers Don't Exclusively Breastfeed Their Babies: Preliminary Findings

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Objective: The objective of this research was to examine Women, Infants, and Children (WIC) staff's perceptions of the barriers that prevent Hispanic women from exclusively breastfeeding their babies.

Design, Setting and Participants: Semi-structured interviews were conducted with all nutrition educators (6 professional staff and 7 peer counselors) at the North Hudson, NJ WIC. Staff were asked what they had heard mothers say or seen them do that reflected less than optimal infant feeding practices (including not exclusively breastfeeding).

Outcome Measures and Analysis: Content analysis was employed to catalogue and categorize responses.

Results: Seven reasons for not exclusively breastfeeding were identified. These were: perceptions of having insufficient milk supplies; beliefs that breast milk alone is inadequate for baby's optimal health; lack of family or physician support; need to return to work or school; perception that formula feeding is the norm in the US; beliefs that since WIC provides formula that it is the nutritious choice; cultural myths (e.g., beliefs that the mother's consumption of certain foods or her emotional state can reduce breast milk quality).

Conclusions and Implications: WIC educators have heard low-income Hispanic women state seven categories of perceptions, beliefs and barriers that impact their choices to exclusively breastfeeding their babies. Future breastfeeding education for low-income Hispanic women should provide culturally appropriate information that takes into account these findings when encouraging low-income, Hispanic mothers to exclusively breastfeed. These findings should also be verified in other locations.

Funding: Supplemental Nutrition Assistance Program - Education.

P186 Influence of Age on Participation and Preferences for Education Strategies in a Multi-Component Intervention

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Objective: To explore whether age impacts participation in a multi-component intervention and influences likes and dislikes of the different components.

Design, Setting and Participants: This is a secondary analysis of Talking Health, a six-month, community-based RCT testing the efficacy of a sugar-sweetened beverage intervention against a matched-contact comparison condition. Both conditions consist of three group classes, 11 interactive voice response telephone (IVR) calls, and one teach-back call. Participants also complete personal action plans and behavioral diaries. Of the 301 participants, the majority were female (81.8%), Caucasian (94%), earned $< \$20,000/\text{year}$ (52%). Additionally, 74% completed the 6-month evaluation.

Outcome Measures and Analysis: Data sources included adherence data and an interview-administered summative evaluation with scaled and open-ended questions. Responses to open-ended questions were content coded, and number of responses per code were tallied. ANOVAs and Chi-Squares assessed differences by three generational groups: Millennials (1982-1996, 26%), GenXers (1961-1981, 50%), and BoomersPlus (≥ 1960 , 24%).

Results: Compared to GenXers and BoomersPlus, Millennials were less likely to attend group classes ($p < 0.001$), complete the teach-back call ($p < 0.001$), and complete IVR calls ($p < 0.001$). Generational groups attended the six-month assessment at similar rates. There were no differences in types of likes and dislikes for classes, IVR calls, personal action plans, and behavioral diaries mentioned across groups. More Millennials and BoomersPlus described the behavioral diaries as motivating ($p < 0.01$) compared to GenXers.

Conclusions and Implications: Age is rarely considered when tailoring interventions, yet may influence participation in nutrition education interventions for adults. Researchers and interventionists should consider differences in age when designing and delivering interventions for a broad range of adults.

Funding: NIH.

P187 Rethinking Regulations on State Fair Foods: What's Wrong With a Fried Butter Stick?

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Objective: To investigate extreme fair food (e.g., deep-fried Oreos) regulation beliefs.

Theory, Prior Research, Rationale: Extreme fair foods prompt calls for increased regulations; yet, given their rarity in diets, little research examines this issue. Understanding regulation beliefs could elucidate extreme food eating habits and inform public policy.

Continued on page S83

P187 (continued)

Design, Setting and Participants: Fifty undergraduates estimated caloric content for extreme and conventional (e.g., cheeseburger) fair foods and estimated the BMI of people they believed ate these foods. Undergraduates also indicated whether each food should be regulated. To determine the actual BMI of people consuming these foods, researchers coded 2,222 fair attendees as they ate extreme and conventional foods at a U.S. fair. Actual calories were calculated using standard calorie guides.

Outcome Measures and Analysis: Undergraduates' regulation beliefs were predicted from their caloric and BMI estimations. Undergraduates' caloric and BMI estimations were compared with actual values using ANOVAs and chi-squared analyses.

Results: Compared to conventional foods, undergraduates believed extreme foods were 45% more caloric ($p < .001$) and eaten by people with a higher BMI ($p < .001$). In actuality, extreme foods were 24% less caloric than conventional foods, and eaten by people with a lower BMI. Undergraduates' estimations of BMI ($\beta = .593$, $p = .001$) and caloric content ($\beta = .212$, $p = .025$) were significant predictors of regulation beliefs, explaining 31.5% of the variance; the higher the estimation, the greater the belief.

Conclusions and Implications: Beliefs about extreme foods do not correspond with reality. They lead to inaccurate biases and unfounded opinions. It is important to consider these biases when deciding whether to regulate extreme fair foods.

Funding: Cornell Food and Brand Lab.

P188 Health Disparate Score Change Over 12 Months: iCook 4-H Study

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Objective: Change in health disparity risk from fall 2013 to fall 2014 was compared in control and treatment groups using a health disparate (HD) score that was first developed in year 1 of the iCook 4-H program. HD was based on 12 variables in a 5-state sample of parent/child dyads ($n=119$) taking into consideration racial/ethnic status with change variable being used from original definition of HD score.

Design, Setting and Participants: Across five states (ME, NE, SD, TN, WV) research participants including a parent and youth (9-10 y/o when study began) were classified with a HD score using continuous variables from food security questions (6), and two questions about 'running out of food toward the end of the month' and 'if youth eat soon after waking up'. Change of risk over one year was measured across a variable composite score of continuous variables only (8).

Outcome Measures and Analysis: Nested F-tests of a series of linear mixed models and fixed effects with HD as the response and time and group as the predictors.

Results: There is a significant (p-value 0.004) decrease in HD score for time (12 months) but not between group (control or treatment) effect (p-value 0.140) using an additive statistical model.

Conclusions and Implications: Populations that are at risk for health disparity (HD) characteristics may change over time due to learning cooking skills, identifying food resources and planning ahead. It is not understood what 'time' from a skill building program can do to decrease risk of HD but continued data collection will help to further explain this finding.

Funding: USDA.

P189 Blood Pressure and Quality of Life in 9-11 Year Old Youth and Adult Dyad Pairs Over One Year: iCook 4-H

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Objective: To determine if blood pressure (BP) changes and perception of quality of life (PEDS QoL) changes in 9-10 y/o youth and adults after a 12-month culinary skills, family mealtime and physical activity intervention are significant in association using a simple statistical model verses sophisticated analysis.

Design, Setting and Participants: Nested f-tests for child and adults systolic blood pressure (SBP) in group (control $n=45$; treatment $n=98$); over 12-month time and PEDS QoL were analyzed. In addition to the two-way analysis an additive model was used. Five states (ME, NE, SD, TN, WV) recruited and delivered 6 sessions every two weeks that focused on cooking skills, family mealtime, and increasing physical activity. The Peds-QoL tool assessed perceived QoL in youth and adults related to their functioning physically, emotionally, and socially.

Outcome Measures and Analysis: Nested f-tests and additive linear mixed modeling.

Results: Compared to a two-way interaction model (p-value 0.6052) the three-way model became close to significant (p-value 0.0547) in youth SBP interaction with group, time and PEDS QoL. Compared to the additive statistical model in adult SBP, the two-way simple statistical model wasn't a better predictor using group, time and PED QoL to show significance (p-value 0.1691 vs 0.1108 respectively).

Conclusions and Implications: Using simple and sophisticated statistical analysis to understand interaction and response to SBP, between treatment and control groups, over time and with perceived PED QoL was not

Continued on page S84