P72 (continued)

project assisted teachers in improving self-efficacy to make policy and education changes through training and implementation guidance from program assistants.

Description: Teachers from 8 child care programs (6 centers and 2 family care homes) attended two trainings to teach obesity prevention best practices, complete action plans, and review EHBA. Each week (6 weeks total) program assistants guided teachers through the implementation of selected policies and four interactive, developmentally appropriate classroom activities.

Evaluation: Changes in teacher self-efficacy to teach nutrition and PA as well as changes in self-efficacy to implement wellness practices were assessed at baseline and post intervention. Teacher self-efficacy related to teaching nutrition and PA and modeling and supporting children was significantly increased ($p < 0.05$). All programs adopted identified nutrition and PA best practices leading to policy implementation and increased classroom wellness education.

Conclusions and Implications: Results indicate that combining policy training with a direct education intervention is a promising approach to increase teacher self-efficacy. This approach can serve as a model for researchers working to improve wellness policy adoption and education in the child care setting.

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P73 What's on Your Plate? Introducing Canada's Eat Well Plate 1.0

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Objective: Health Canada's Eat Well Plate (EWP) is an education tool that supports the application of Canada's Food Guide (CFG) by bringing healthy eating guidance to a real-life setting—a meal.

Target Audience: Canadians.

Theory, Prior Research, Rationale: Based on the Information-Motivation Behavioural Skills Model, the EWP facilitates information and motivation to work through the behavioural skill of building a healthy meal to change healthy eating behaviour. Resulting from an assessment of the use of CFG, and early reports from similar plate models, the EWP aims to communicate dietary guidance through context of use.

Description: The EWP is an educational tool, based on a plate model for communicating dietary guidance, which includes a visual depicting food group proportions and provides actionable tips to make healthy food choices when building a healthy meal.

Evaluation: The EWP resulted from assessment of the use of CFG, where some challenges in communicating existing dietary guidance were identified. The EWP will be assessed using a RE-AIM framework.

Conclusions and Implications: In its current implementation, the EWP has been positioned to address existing challenges in communicating dietary guidance; however the EWP is also set to evolve as the context in which it is used evolves. Health Canada is exploring innovative ways to enable users to apply dietary guidance through the EWP, with the aim to support healthy eating behaviour.

Funding: None

P74 Online Survey Asserts Need for Dental Health Education and Services for Low-Income and Food Insecure Adults

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Objective: Dental health is vital to nutrition health. Our purpose was to examine the need for dental care by limited-income adults.

Design, Setting, and Participants: Online cross-sectional survey; Waiting room attendees at 5 Pennsylvania Free Clinics. Participants ($n=93$; mean age 41.2 ± 12.3 y) were white (97%) mostly female (71%), overweight/obese (74%), worried about money for food or nutrition assistance program participants (80%); food insecure (33%).

Outcome Measures and Analysis: USDA food security screener, Satter Eating Competence Inventory, dental health items from tested surveys (e.g., NHANES, national and state-based health surveys). Analyses included measures of central tendency, Chi Square, means testing.

Results: Last dental visit was > 3 years for 24%, > 1 year for 50%. Dental problems in previous 6 months included toothache (42%), bleeding gums (17%), jaw joint pain (14%), missing fillings (11%) and teeth (8%). Life was less satisfying because of dental problems for 30%. Job/School difficulties for 11% were associated with dental problems. 32% avoided foods for dental problems. Compared to respondents with marginal/high food security, those with very low/very low food security were less able to afford dental care, less likely to report no dental problems in the previous 6 months (42% vs. 75%), found life less satisfying because of dental problems (50% vs. 17%), had difficulty eating/ chewing (25% vs 2%), and avoided foods that were difficult to chew (56% vs. 21%) (all $P \leq 0.01$).

Conclusions and Implications: Dental problems were more prevalent in food insecure persons, which supports offering dental health education and services with nutrition assistance programs, including SNAP-Ed.

Funding: Supplemental Nutrition Assistance Program - Education

P75 Does Eating Dinner Late Relate to Other Unhealthy Behaviors? Study on Japanese Drivers in a Courier Company

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