P27 (continued)

existing public transit options (eg, more routes, more promotion of how public transit systems work).

Conclusions: SNAP-Ed implementers should: engage with SNAP-Ed participants to inform them of transportation options in their area and identify their transportation gaps and build relationships with multi-sector transportation stakeholders to share the experiences of SNAP-Ed participants and work towards changing policy, systems, and environments to improve transportation systems. Outcome evaluations are needed to determine if strategies implemented improve food security and dietary intake among participants.

Funding: Supplemental Nutrition Assistance Program - Education.

P27 Contextual Factors Influence Childcare Providers' Barriers for Serving Healthy Meals to Preschool Children.

Saima Hasnin, MS, saima.hasnin91@huskers.unl.edu, University of Nebraska-Lincoln, 1400 R St, Lincoln, NE, 68588; Dipti Dev, PhD, University of Nebraska-Lincoln

Background: The Child and Adult Care Food Program (CACFP) and other national policies recommend serving healthy foods and beverages in childcare settings to promote healthy eating behaviors and prevent childhood obesity. However, childcare providers have reported several barriers to serving healthy foods and beverages to the children. To address the barriers, more evidence is needed regarding the contextual factors associated with the childcare providers' tendency to report specific barriers.

Objectives: To examine contextual factors (geographic location, participation in CACFP, type of childcare program, mealtime practices, and personnel responsible for menu planning) that are related to childcare providers' perceived barriers to serving healthy foods and beverages to preschool (2 to 5-year-old) children.

Study Design, Setting, Participants: Cross-sectional study with a self-reported survey completed by childcare center (CCC) directors (n = 336) and family childcare home (FCH) providers (n = 1154) from licensed childcare settings (n = 1490) across urban and rural Nebraska.

Analysis: Descriptive statistics and multiple logistic regression analyses.

Results: Rural childcare providers were more likely to report not having enough money to purchase healthy foods and limited storage space as barriers as compared to their urban counterparts. CACFP-funded settings reported not having enough money, not knowing which recommendation to follow, unsure which foods can be reimbursed through CACFP, and lack of availability of healthy foods as compared to the non-CACFP settings. Participants reporting lower frequency of professional development on nutrition were more likely to report barriers of not having enough money and not knowing which recommendation to follow. Barrier regarding lack of availability of healthy foods was associated with

providers' residing in food deserts, receiving less professional development and being CACFP-participants. Lack of time was reported as a barrier when FCCH providers and CCC owners or directors were responsible for menu planning.

Conclusions: Considering contextual factors influencing providers' barriers can improve healthy food availability in childcare.

Funding: USDA.

Nutrition Education Research Methods

P28 Validation of an Observational Measure to Capture Feeding Practices in Child Care Centers

Dipti Dev, PhD, ddev2@unl.edu, University of Nebraska, Lincoln; 512 N 12th St, Lincoln, NE, 68588; Saima Hasnin, MS, University of Nebraska, Lincoln; Susan Sisson, PhD, University of Oklahoma; Virginia C. Stage, PhD, RD, East Carolina University; Alison Tovar, PhD, University of Rhode Island

Background: Current feeding practice measures are either not validated for use in childcare centers or do not include key constructs that influence children's eating.

Objective: To describe the development and validation of the 'Mealtime Observation in Child Care' (MOCC) toolkit (manual, coding checklist, scoring sheet, training videos) to measure teachers' feeding practices with preschool (3-5 years) children.

Study Design, Setting, Participants: An observational measure to assess mealtime environment and feeding practices was developed based on existing literature and measures, expert collaboration, and external reviews. Trained observers coded 41 lunchtime videos in 10 childcare centers.

Measurable Outcome/Analysis: Face validity of the tool was assessed by sending the toolkit to 4 external expert reviewers for feedback. Four trained coders watched and coded a video separately in order to assess inter-rater reliability calculating a Kappa statistic. Convergent validity was evaluated by relating the MOCC items to previously validated measures including EPAO-Extended Feeding Practices (EPAO-EFP), Table Talks (TT), and Feeding Behavior Coding System (FBCS). The same videos were coded with TT, EPAO-EFP and FBCS and the scores for relevant items were used for comparison with MOCC score. Pearson's, bivariate correlations were calculated between MOCC items and items matched with other measures.

Results: Expert reviewers provided feedback related to including additional verbal examples, clarifying the difference between unable to observe and not applicable and improving the formatting of the checklist. Interrater reliability was high (Fleiss's Kappa, K = 0.85). The convergent validity of the MOCC tool was high, among 9 subscales 8

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