P127 (continued)

Conclusions and Implications: Nutrition educators need to regard the frequency of performing obesity risk reduction behaviors as a cornerstone in the development of effective nutrition education interventions. Among low performers, the focus needs to be on promoting positive attitudes and social influences for healthful eating. Nutrition professionals can support high performers to continue their healthful behaviors and to maintain their strong levels of self-efficacy.

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P128 Measurement of Built Environment That Support Physical Activity in Low-Income Communities

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Objective: Physical activity (PA), an important factor in disease prevention and health promotion, can be largely affected by the built environment. As part of a 5-year multi-state adolescent obesity prevention project, the availability, safety and quality of PA related resources and street environments were assessed in both urban and rural low-income communities in Kansas, South Dakota, and Ohio (KS, SD, and OH). Each state had one control and one intervention community.

Outcome, Measures and Analysis: In-person audits of street segments (n = 47 and n = 37, respectively for control and intervention communities) and parks (n = 20 and n = 12) were conducted by trained observers using validated Physical Activity Resource Assessment (PARA) and Active Neighborhood Checklist (ANC) to accurately reflect neighborhoods’ current conditions.

Results: There were no statistical differences in the mean PARA and ANC scores for control and intervention communities in KS, SD, and OH individually by state or combined (p > 0.05). The major PA structures available in both control and intervention communities were playsets (72.5%) and basketball courts (51.0%). Sidewalks and stop signs were present in 78.5% and 69.0% of assessed segments respectively, to promote neighborhood safety for walking/cycling. The overall quality of PA resources assessed was in good condition (85.9%) and without major street-level defect (90.4%).

Conclusions and Implications: The built environments for PA among all three states were similar. These findings suggest future studies on the perceived measures of the built environment are required to understand how improvements made in intervention communities to promote PA could increase levels of PA in adolescents.

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P129 Healthcare Professionals’ Attitudes and Knowledge About the WIC Program: Implications for Promoting Partnerships Among WIC Stakeholders

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Objective: WIC provides supplemental food, nutrition education, and healthcare referrals to low income pregnant and post-partum women, infants, and children up to the age of 5 who are at nutritional risk. WIC’s contribution to child health is documented; however, only about 62% of those eligible participate. Healthcare professionals (HCP) serve as gatekeepers for children’s health. The study’s objective was to identify HCP’s current knowledge and attitudes about the WIC program which may impact their promotion of WIC among their patients.

Study Design, Setting, Participants, and Intervention: Online surveys (n=26) and focus groups (n=4) were conducted with pediatricians, family physicians, nurse practitioners, and other clinical staff around Illinois who serve WIC eligible populations.

Outcome, Measures and Analysis: Descriptive statistics were calculated from survey data using SPSS. Emerged themes were identified from qualitative data using Atlas.ti and constant comparative analysis.

Results: WIC was rated as a less credible source of nutrition information than the American Academy of Pediatrics and the US Dietary Guidelines, but more credible than SNAP. Data revealed a lack of knowledge among HCP about the nutrition education provided in WIC and the training/expertise of WIC staff. HCP were more knowledgeable about the foods provided by WIC. 73% HCP reported that WIC provides a health benefit and helps save money, but 41% perceived that WIC contributed to a lower the risk of childhood obesity.

Conclusions and Implications: HCP could be better informed about WIC services and expertise of WIC staff. Results will help develop an outreach program to educate HCP about WIC and develop strategies to encourage HCP’s to promote WIC participation among their patients.

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P130 Relationship Between School Lunch Table Time and Students’ Consumption of Vitamins A & C, Calcium, Fiber, and Calories

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