P21 (continued)

questionnaires in collaboration with 14 primary schools. The baseline survey (t0) was conducted in spring 2014, the follow-up survey (t1) in summer 2015. The questionnaires of 453 children (aged 8-10) and their parents are distributed in intervention group (n = 242; participating at SFS since 1.5 years) and control group (n = 211).

Outcome Measures and Analysis: Home environment was named as availability and accessibility of FV at home and parental encouragement to eat FV. Descriptive statistics and paired t-test were conducted to investigate any differences.

Results: Between t0 and t1 parents' availability, accessibility and children's availability document a high significant difference in the intervention group however not in the control group. Children's accessibility and parental encouragement have significant differences in both groups. Children's and parents' agreement regarding parental encouragement only has a significant difference.

Conclusions and Implications: To assess home environment of FV it is useful to obtain both parent' and children's perception. The longitudinal analysis reveals different impacts on children's and parents' home environment of FV.

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P22 School Foodservice Director and Community Health Coalition-Member Perceptions Related to the Healthy, Hunger-Free Kids Act in Indiana

Jennifer Mansfield, BS, jmansfi@purdue.edu, Purdue University, 700 West State Street, West Lafayette, IN 47906; K. Lynch, PhD; D. Savaiano, PhD

Objective: The Healthy, Hunger-Free Kids Act (HHFKA) has presented challenges for school foodservice in obtaining/preparing foods meeting federal nutrition standards. Concurrently, communities are improving their cultures of health, focusing on policies, systems, and environmental (PSE) changes. We report the development of a survey to identify school foodservice director (FSD) and community health coalition (CHC) perceptions related to school nutrition under HHFKA.

Design, Setting, Participants, and Intervention: The survey was developed using USDA program reports, literature review, and eleven key informant interviews. Pilot surveys are being administered to and evaluated by an expert panel of Indiana School Nutrition Association members and community coalition leaders involved in Purdue's health coalition network. Survey items are being revised according to expert panel feedback, establishing content validity. The final survey is being administered online to Indiana FSD (n=400) and CHC (n=500), targeting a sample size of 490 to achieve a 95% confidence interval and 3% margin of error.

Outcome Measures and Analysis: FSD and CHC perceptions will be analyzed using descriptive statistics,

student's t-test, and Chi-squared test. Experience and education level, urban/rural differences, school demographics, and involvement between FSD and CHC will be controlled for using ANOVA. Internal consistency is being established using Cronbach's alpha test.

Results: Key informant interviews indicate FSDs focus on implementation of nutrition standards, food waste, human resources issues, funding, and food safety, while CHCs see opportunities for school gardens, nutrition education, cooking demonstrations, use of local foods, and community engagement.

Conclusions and Implications: Awareness of school foodservice and PSE challenges is necessary in facilitating communication between groups to foster partnerships and support. Unified community leadership is a viable resource in accomplishing health promotion goals.

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P23 Time and "Questioning Type" Affected Recall of Iron Deficiency Prevention Education Messages Among Rural Ghanaian Mothers

Brenda Abu, PhD, brenda.a.abu@ttu.edu, Texas Tech University, 2500 Broadway, Lubbock, TX 79409; W. Oldewage-Theron, PhD, RD

Objective: The study assessed the effect of time and "questioning type" on the recall of education regarding iron deficiency (ID) prevention messages among rural mothers in Ghana.

Target Audience: A longitudinal community intervention trial conducted in a randomly selected anemia endemic community among rural mothers with young children in rural Northern Ghana.

Theory, Prior Research, Rationale: A once-off five-day (90min/day) intervention of ten key messages addressing gaps in a baseline survey (April, 2012), was implemented (July, 2013). Two refresher household visits (about 30mins/household) were performed within a month later. Measure recall of key messages post-intervention (3 months, 6 months, and 12 months).

Description: Post-intervention, the question at 3 (N=68 mothers) and 6 (N=64 mothers) months was "which of the ten key messages do you recall" and at 12 months (N=66 mothers) an additional question "describe what was discussed under key message 1-10 (mentioned)".

Evaluation: About 97.0% of the mothers were married and 98.6% were unschooled. Of the ten key messages, the mean number of recall $\pm$ SD; was 3 ± 1.6 (3months), 4 ± 1.7 (6months) and 5 ± 3 (12months). However, at 12 months, about 20% of the mother's recalled wrong content for the key messages or admitted they forgot the content. No correlation was observed between mother's educational status and recall.

Conclusion and Implications: Time seemed to improve the recall of key messages. However, the "questioning-type" at 12months gave apparently high recall which did not translate to related content recall. A longer term refresher contacts with the participants could improve content recall of messages.

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