FN5 (continued)

further potential areas to drive campus policy to raise awareness of health promotion.

Conclusions and Implications: A student run audit is an effective way to assess the campus environment, enhance students' perceptions and awareness of the campus environment and have them report back to peers. Having stakeholders assess the environment allows them to become active in policy change.

Funding: USDA

FN6 iCook 4-H: Using Mapping of Community Capitals Following a 2-Year iCook Program

Melissa D. Olfert, DrPH, MS, RDN, melissa.olfert@mail.wvu.edu, West Virginia University, G016 Ag Sc Building, Morgantown, WV 26506; S. E. Colby, PhD, RDN, University of Tennessee-Knoxville; L. Franzen-Castle, PhD, RDN, University of Nebraska-Lincoln; K. K. Kattlemann, PhD, RDN, South Dakota State University; B. Baker, MS, University of Maine; A. White, PhD, RDN

Objective: To evaluate participants' perceived ripple effect of a 2 year iCook 4-H multistate intervention program on individual, family and their community with youth (Y) and adult (A) pairs (dyads).

Design, Setting, and Participants: Treatment participants, n=70 (34% of total sample); (35 A, 35 Y, ages 11-12 years) participated across 5 states (ME, NE, SD, TN, WV) in 10 groups.

Outcome Measures and Analysis: Ripple Effect Mapping (REM) evaluation tool was used to elicit reflections from impact of program on 7 Community Capitals Framework (CCF) (human, social, cultural, built, financial, natural, political). Three main themes, cooking, eating and playing together were evaluated after a 24-month childhood obesity intervention. Group dyads responded to leader driven dialogue about ways iCook affected individual, family and/or community through open-ended questions: what are people doing differently as a result of iCook; who has benefited and how are there changes in the way community groups and institutions do things as a result of iCook? Dialogues were recorded and evaluated thematically using grounded theory.

Results: Dyads reported adopting new behaviors such as an increase in physical activity, increased frequency of trying new foods and improved communication skills as well as increased harmony within family units identifying capitals such as human, social and natural predominately. Positive family behavior change affected all capitals of the CCF which resulting in amplified participants' awareness of the importance of connecting within dyad; building new relationships, some of which formed during community volunteering.

Conclusions and Implications: Findings support the need for youth obesity prevention programs, such as iCook, that positively intersect and affect self, families and communities.

Funding: USDA

FN7 Recruitment Effectiveness and Barriers for a Clinical Site Intervention to Track Nutrition Application Usage

Melissa D. Olfert, DrPH, MS, RDN, melissa.olfert@mail.wvu.edu, West Virginia University, G016 Ag Sc Building, Morgantown, WV 26506; M. L. Barr, BS; A. Baus, PhD; T. Taggerty, MD, WVU Family Practice; M. Weimer, MD, Valley Health System; D. Doyle, MD, Cabin Creek Health; M. A. Maurer, DO, CAMC Family Practice; J. Cochran, NP, PhD, Robert C. Byrd Clinic; T. Hendershot, MD, Coplin Memorial Community Health; S. Hodder, MD, WV Clinical Translational Science Institute

Objective: To recruit from rural settings (environment limitations) capturing lessons learned for the Project Better Health (PBH) Study in West Virginia, a 12-week feasibility study to implement a nutrition tracking application into primary care clinics.

Design, Setting, and Participants: This project required multiple layers of recruitment including coordinators, primary care physicians (providers), and patients requiring three time points of data collection (baseline, 4-week, and 12-week height, weight, blood pressure and surveys collected). A survey collected feedback from two phases of recruitment: phase 1 was recruitment of rural site investigators and coordinators; and phase 2 was recruitment of providers and patients at seven clinical sites from state coordinators and practice based research network (PBRN) partners.

Outcome Measures and Analysis: Recruitment successes for phase 1 were using the PBRN members and having investigators speak at PBRN site tours. Barriers were information not pertaining to a specific location or not streamlined/easy to understand information, and finding providers with existing CITI training. For phase 2, successes were finding providers enthusiastic, previous experience with PBRN and supportive administration. Barriers were inability to post flyers and fact sheets to advertise, using sites where providers were "nudged" or "told" to be a part of the project, left the site halfhearted.

Results: Seven rural clinical sites, 10 providers (4 male, 7 female), and 49 patients were recruited. Patient demographics include a predominately Caucasian population with 20.4% male, 79.6% female at an average of 43.3 years of age. Health conditions of patient population include hypertension (22), diabetes (11), and sleep apnea (9).

Conclusions and Implications: Recruitment in rural areas can be overcome if identifying clinics and providers with relationships or existing partnerships.

Funding: West Virginia Clinical Translational Science Institute

FN8 Shortening Pittsburgh Sleep Quality Index Survey Using Factor Analysis

Melissa D. Olfert, DrPH, MS, RDN, melissa.olfert@mail.wvu.edu, West Virginia University, G016 Ag Sc Building, Morgantown, WV 26506; I. Holaskova, PhD; M. L. Barr, BS; Z. Wenjun, PhD, University of Tennessee-Knoxville;

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