O13 (continued)

efficacy, a positive relationship to food, calorie restriction, and body satisfaction.

Results: All five dimensions of the MFL were significantly and positively associated with fruit and/or vegetable intake, with moral and health showing the greatest associations; moral (fruit $r = .29$, $p < .001$; vegetable $r = .35$, $p < .001$) and health (fruit $r = .35$, $p < .001$; vegetable $r = .40$, $p < .001$). The health, sacred and moral meaning dimensions were significantly and negatively associated with processed snacks and junk food consumption (both $p < .05$), and the moral dimension was significantly and negatively associated with red meat consumption ($p < .01$). The moral, aesthetic and health domain were significantly and positively associated with greater self-efficacy for consuming healthy foods (all $p < .001$). Both the moral and health domains were significantly and positively associated with body satisfaction (both $p < .01$). All five domains of the MFL were significantly and positively associated with a positive relationship to food, and none were associated with calorie restriction.

Conclusions and Implications: These data suggest that the MFL construct has clinical health relevance in the form of promoting healthier dietary behavior and a positive relationship to food.

Funding: None

O14 Assessment of Impact on Objective Biometric Outcomes of the Eating Smart • Being Active Curriculum

Benjamin Gowan, MS, benjamin.gowan@colostate.edu, Colorado State University, 102 Gifford 1571 Campus Delivery, Fort Collins, CO 80523; Garry Auld, PhD, Colorado State University; Susan Baker, EdD; Christopher Melby, DPH; Ann Hess, PhD

Objective: To measure the impact of the Eating Smart • Being Active (ESBA) curriculum on objective biometric health outcomes.

Design, Settings, Participants: A longitudinal data analysis using pre-post intervention and six-month follow-up data from adults ($n=61$) completing Colorado EFNEP classes using the Eating Smart • Being Active curriculum during 2016-2017.

Outcome Measures and Analysis: Biometric data collected included height and weight for Body Mass Index (BMI), Systolic and Diastolic Blood Pressure (SBP/DBP), and Hemoglobin A1c (HbA1C). One tail paired t-tests were used pre-post and repeated measures ANOVA for pre, post, follow-up analyses. Significance was set at $p < 0.05$.

Results: All biometric measures experienced an unadjusted mean decline from pre to post, however only DBP and HbA1C were significant. Mean weight declined 0.95kg ($p = 0.17$), mean BMI declined 0.24 kg/m² ($p = 0.25$), mean SBP declined 0.90 mmHg ($p = 0.10$), mean DBP declined 1.72 mmHg ($p=0.01$) and mean HbA1c

declined 0.11 percent ($p = 0.04$). Six-month follow-up measures are in progress and will be included in the analysis in May 2017.

Conclusions and Implications: This pilot study demonstrates reductions in objective biometric outcomes associated with participation in an EFNEP intervention using the widely adopted Eating Smart • Being Active curriculum, notably for blood pressure and blood glucose levels. The positive trends in biometric measures support programmatic conclusions based on participants' self-reported behavior changes and provide initial objective evidence that EFNEP might positively affect health status. Further research is needed to improve evidence for causality.

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O15 Development and Validation of a Questionnaire to Assess Fruit and Vegetable (FV) Consumption at School Lunch

Matthew M. Graziose, MS, mmg2198@tc.columbia.edu, Columbia University, 525 West 125th Street, Box 137, New York, NY 10027; Pamela A. Koch, EdD, RD, Columbia University; Randi Wolf, PhD; Heewon Lee Gray, PhD, RD; Isobel Contento, PhD, RD

Objective: Develop and validate a modifiable, paper-and-pencil questionnaire assessing FV consumption at school lunch.

Design, Settings, Participants: Five phase validation study, in which the questionnaire was iteratively modified. The setting was 23 public elementary schools from eight states in the U.S. (70% urban; 77% free/reduced price lunch eligible) participating in the National School Lunch Program. Second and 3rd graders ($n=41, 62, 71, 63, 976$ for Phases 1-5, respectively) participated.

Outcome Measures and Analysis: The Fruit and Vegetable Recall Questionnaire (FVRQ), adapted from Paxton et al (2011), was administered within the classroom directly after lunch and assessed FV items taken and amounts consumed. FVs were tailored based on lunch that day. A digital photography method was the referent; students' trays were photographed in the cafeteria before and after eating and photos were visually analyzed. Agreement between methods was calculated as rates of matches, intrusions, and omissions for each Phase.

Results: Questionnaire modifications included changing page orientation, increasing font size, reducing response options, using smiley faces for scales of measurement, and adding a training page. The match rate for FV items taken was high (Phases 1-5: 82%, 82%, 91%, 92%, 89%, respectively), with intrusions more frequent than omissions. For amounts eaten, match rates were moderate, but improved throughout Phases 1-5 (68%, 67%, 84%, 83%, 76%); students more frequently overestimated than underestimated consumption. Second and third grade students had similar match rates for items taken (87% vs. 87%) and amounts consumed (72% vs. 75%).

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