NP8 (continued)

Objective: To describe Get Fruved year 03 components and outcomes.

Description: Get Fruved is a health promotion intervention utilizing Community Based Participatory Research to develop and test a social marketing and environmental change intervention to prevent unwanted weight gain among older adolescents. The intervention was developed, refined, and pilot/feasibility tested at four intervention colleges with four other colleges as control. One high school (HS) served as a site for initial development and feasibility testing of the program and data collection tools.

Evaluation: In 2015-2016 (college wave I), 578 non-first year students and 1,148 first year college students (FYCS) completed physical assessments and online surveys and 4,595 FYCS completed online-only surveys. In fall 2016, wave II online survey assessments were completed with 2,491 new FYCS and 237 HS students. Weight was the primary outcome, but since the intervention focused only on obesity-prevention, health-related behaviors, numerous health-related behaviors were assessed.

Conclusions and Implications: Two-year post assessments with college wave I, and one-year post assessments with college wave II will be completed in May 2017. As of year 03, twelve new instruments/methods have been developed/validated, three college courses created, seventy-five presentations conducted, and a college toolkit (providing a systematic approach to promoting health for obesity prevention) has been developed for national testing and dissemination. In year 04, intervention refinement and feasibility testing will occur on eight additional HS campuses. In years 04 and 05 the toolkit will be tested for effectiveness using a Randomized Control Trial design on new college and HS campuses.

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NP9 Using the Child as Change Agent for Preventing Childhood Obesity in Rural Georgia: Outcome Results on BMI for Age and Home Environment

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Objective: This study aims to test effectiveness of a school-based curriculum, utilizing children as change agents, supplemented by family activities, to prevent childhood obesity.

Description: The Action Pack Families study is a group-randomized trial that follows children from

the beginning of 3rd grade to the end of 5th grade. These analyses consider changes in child body mass index for age from baseline (beginning of 3rd grade) to the end of 5th grade and opportunities for healthy eating and physical activity in the child's home environment.

Evaluation: Data were collected at the beginning of 3rd grade (baseline) and the end of 5th grade in 10 schools. Child height and weight were collected at school by the research team; diet, physical activity, and home environment factors were self-reported by parents using a paper-pencil survey. We will present data from baseline to the end of 5th grade, focusing on child weight status.

Conclusions and Implications: Using children as change agents may be an effective way to alter the home environment and prevent childhood obesity.

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NP10 Engaging Youth as Advocates to Create Healthy Snacking Zones Around Rural Schools - Year 5

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Objective: This quasi-experimental study evaluated an intervention that engaged 4-H youth participants in advocacy for "healthy snacking zones" within 5 elementary/middle schools and nearby small food stores in a rural Oregon county.

Description: Youth engagement occurred through participation in 4-H "SNACZ clubs," which were established in each intervention school. Youth club members received nutrition lessons and, with support from adult club leaders, planned and implemented outreach projects to promote healthy snacking among their peers and encourage environmental change within their schools and the food stores.

Evaluation: Mixed methods were used to assess changes in school and store environments, as well as changes in children's snacking behaviors and BMI.

Conclusions and Implications: After the SNACZ program, intervention teachers had greater overall nutrition knowledge ($p=0.098$) and were less likely to use food rewards for students, including sweetened drinks (0.053), than teachers in control schools. Mean availability of healthy snacks/beverages in food stores near intervention schools increased by 21%, while mean availability of these products in stores near control schools decreased by 19%. Students' mean consumption of unhealthy snacks/beverages outside of school decreased in both intervention and control sites, but the magnitude of the change was substantially greater in

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NP10 (continued)

intervention sites. No improvements were observed in children's BMI. These results indicate that the youth advocacy can contribute toward creating environments that support healthy snacking within rural schools and food stores, which in turn can improve children's snacking behaviors, but that further interventions are needed to change children's BMI.

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NP11 Childcare Center and Provider Factors Impacting Implementation Fidelity in a Childhood Obesity Prevention Program

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Objective: Center-based childcare is an ideal setting for obesity prevention programs. Several factors have the potential to impact childcare centers' ability to implement prevention programs with fidelity, including center quality and readiness for change, as well as provider quality. This study examined these factors and their association with implementation fidelity in a 28-week obesity prevention program in childcare centers.

Description: Teachers from 16 preschool classrooms participated in the program. Provider quality ratings included ratings of positive affect, respect, positive communication and teaching style. Center quality was rated based on observations of the food/nutrition environment (e.g., positive mealtime climate and enriching classroom materials) and physical activity environments (e.g., play spaces and daily opportunities for active play). Implementation fidelity was assessed by trained coaches using a series of checklists and questionnaires. One-on-one interviews were conducted with teachers and center directors to gather feedback on the program, including factors that enable or inhibit curriculum implementation.

Evaluation: Mean center and provider quality ratings were computed and compared to fidelity ratings during the first and second set of observation and coaching visits. Interviews from teachers and center directors will be transcribed and analyzed to identify factors related to intervention uptake and implementation fidelity.

Conclusions and Implications: Preliminary analyses revealed great variability in teacher quality, with most teachers displaying positive teaching characteristics most of the time. The food/nutrition environment for centers was rated as low quality, while the majority of centers had adequate resources to promote active play. Results linking provider- and center-quality ratings to implementation fidelity will be discussed. Along with the results of tailored coaching on implementation fidelity.

Funding: 2015-68001-23233

NP12 Measurement of the Consumer and School Food Environment as Factors in Dietary Intake and Obesity Status Among Rural Adolescents

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Objective: Adolescents continue to not meet the recommended servings of fruits and vegetables while continuing to consume high amount of sugar-sweetened beverages. This study aimed to understand how the consumer and school food environment influence dietary intake and body mass index (BMI) and how store choice may be associated with dietary intake and BMI.

Description: A cross-sectional survey was conducted in the fall of 2017 among 8 high schools in rural communities throughout Kentucky and North Carolina. Surveys were administered during the school day and captured where food was purchased, dietary intake, and height and weight. The consumer food environment was captured by conducting Nutrition Environment Measurement Survey - Stores in stores where adolescents reported shopping. To capture the school food environment audits of vending, a la carte, and cafeteria were conducted during the school day among all 8 schools.

Evaluation: Those adolescents who are obese consume less fruits and vegetables, more candy and baked goods compared to their normal weight counterparts. Those who shop in stores with higher availability of healthier foods report higher intake of fruits and vegetables. Additionally, shopping at a gas station or convenience store was associated with higher odds of obesity and overweight status.

Conclusion and Implications: Where adolescents choose to shop for food as well as the consumer food environment influence dietary intake and obesity status. Interventions aiming to improve dietary intake need to focus on the neighborhood food environment as well as where adolescents choose to shop for food.

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NP13 Approaches to Enhancing Wellness Policy Implementation in Schools to Prevent Obesity: Protocol and Measures Development

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