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.

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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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Continued on page S115

NP13 (continued)

Objective: To describe development of key outcome measures for a 5-year NIFA/USDA school-based obesity prevention study and protocol for Wellness Champions for Change-Students (WCC-S), a 5th and 8th grade student leadership/advocacy/health literacy training wherein students promote Local Wellness Policy implementation (school system documents outlining food/physical activity/health education policies) to create a health-promoting school environment.

Description: Three key outcome measures were developed for students: in-school food access and consumption survey, school wellness policies and practices perceptions survey, and real-time healthy eating/physical activity access/accessibility via ecological momentary assessment (EMA). WCC-S intervention protocol was developed through focus groups with 5th, 7th, and 8th graders, stakeholder interviews, and compilation of evidence-based content and materials.

Evaluation: Measures were developed and/or modified from existing instruments. To assess wording, comprehension, and timing, cognitive pre-testing was conducted with 3rd (n=4), 6th (n=4), and 9th (n=3) grade students. To assess feasibility, reliability, and validity, a separate cohort of 3rd (n=20), 6th (n=20), and 9th (n=20) grade students participated in a 2-week validation study. Surveys were administered twice, one week apart, to evaluate reliability. The EMA questionnaire was administered via smartphone, after school, over five days to evaluate feasibility. The in-school food access and consumption survey was validated against daily report over a 5-day period, using a smartphone survey. Data analysis is in process. WCC-S will be evaluated for feasibility and acceptance through pilot-tested with 5th and 8th graders in an elementary school and during a summer camp during spring/summer 2017.

Conclusions and Implications: The first year of a 5-year project included the systematic development of intervention measures and protocols, which will be incorporated into the randomized trial.

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NP14 Use of Engaging Online Videos in Conjunction with New Feeding Content to Enhance a Current EFNEP Program

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Objective: The overall purpose of this study is to add parenting content to the existing Eating Smart Being Active EFNEP nutrition program. The plan is to modify videos previously developed for a prevention program and use these videos along with newly developed in-person and online parenting activities to enhance the nutrition program. These new activities and videos will

provide parents with appropriate tools to use in feeding children.

Description: Participants will be mothers who are participating in the existing EFNEP nutrition program in the states of Colorado and Washington. Parenting activities and the videos will be delivered in one of two conditions - online versus in-person.

Evaluation: Editing of the videos produced in the previous project is complete and includes additional footage shot in the first year of the project. In-person and online parenting activities were developed to accompany the videos along with new artwork, animation, and narration. Infographics were developed for each lesson (both online and in-person) including illustrations and animation. A Facebook platform was developed for the online program implementation and tracking. Once piloting is complete and modifications made based on the pilot, a randomized controlled trial will begin. Assessments will take place at pre-, post-, at 6 and 12 months.

Conclusions and Implications: Childhood obesity prevention efforts have rarely been successful. Incorporating parenting content into prevention efforts may be a missing link in combatting childhood obesity.

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NP15 CHEW 2.0: Expansion of the Children Eating Well (CHEW) Smartphone Application for WIC-Participating Families

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Objective: The overall goal is to adapt, disseminate, implement, and evaluate version 2.0 of the Children Eating Well (CHEW) smartphone application ("Apple") designed to increase WIC family benefit redemption and improve diet quality and other obesity risk factors among preschool-aged children, while training the next generation of researchers and professionals.

Description: Three integrated activities will be carried out: develop and maintain version 2.0 of the CHEW app in English and Spanish, and disseminate it to the WIC program to implement in WIC clinics across Tennessee (Extension); conduct process, outcome, and economic evaluation of the CHEW app implementation in the Tennessee WIC program (Research); and train high school, undergraduate, and graduate students and postdoctoral fellows in the use of technologies for childhood obesity prevention (Education). The WIC program will give the CHEW 2.0 app to around 70,000 WIC families with children ages 2-4 over four years.

Evaluation: The process evaluation will assess staff implementation fidelity and satisfaction, uptake of the app

Continued on page S116