P160 (continued)

extensive data collection instructions are included in the tool to ensure consistency across data collectors.

Evaluation: The Church Environment Audit Tool is being tested for reliability within 54 churches in a rural South Carolina county.

Conclusions and Implications: The Church Environment Audit Tool provides a resource to objectively measure the physical environment of churches as it relates to HE/PA behaviors. The tool could be used in faith-based interventions and as part of ongoing community assessments in health behavior programming.

Funding: Center for Disease Control and Prevention

P161 Development of an Instrument Designed to Assess Intentions to Use Division of Responsibility in Child Feeding

Jen Nickelson, PhD, RD, jnickelson@ches.ua.edu, University of Alabama, Box 870311, Tuscaloosa, AL 35487; Mary Nelson Robertson, MS, Mississippi State University

Objective: To minimize children's less-healthy eating behaviors, Satter proposes a division of responsibility in child feeding (sDOR): parents take responsibility for providing a healthy food environment and children have responsibility for choosing what and how much to eat. The Theory of Planned Behavior suggests a precursor to behavior is intention to perform that behavior. Hence, if parents plan (intend) to use sDOR, they will be more likely to do so. The objective of this study was to develop an instrument to measure sDOR intentions (sDOR-I).

Study Design, Setting, Participants, Intervention: Using a cross-sectional study design, we surveyed 421 undergraduate students from a major southeastern university who were enrolled in randomly-selected undergraduate courses. Two hundred ninety-seven students who plan to have children provided complete, valid data for all variables.

Outcome Measures and Analysis: We created a sDOR-I scale by modifying 13 sDOR items (Lohse, Satter & Arnold, 2014). The items, scored from 0-4 (strongly disagree-strongly agree), were pretested with college students and refined. Appropriate items were reverse-coded and scores summed (possible range 0-52). Using factor analysis and scale reliability testing, we identified four subscales (Leadership, Autonomy, Indulgence and Pressure-to-Eat). Subscales were created by averaging item scores (none reverse-coded; range 0-4).

Results: Students scored between 20 and 41 on the sDOR-I (mean=29.06). Means for Leadership, Autonomy, Indulgence, and Pressure-to-Eat subscales (Cronbach's alphas) were 3.23 (.624), 2.27 (.386), 1.92 (.664), and 2.91 (.521) respectively.

Conclusions and Implications: This study represents the first attempt to measure sDOR-I. Although further refinement of the scale may be indicated, understanding sDOR-I may lead to future development of interventions to improve child feeding behaviors.

Funding: None

P162 Measuring How Systems Change in Clinics Facilitates Provider Education About Physical Activity and Increase Referrals to Community Resources

Linda Ashburn, MPH, RN, University of Maryland, College Park; Marlene Orantes; Hee-Jung Song PhD; Mira Mehta, PhD, mmehta@umd.edu, 0102 Skinner Building, 4300 Chapel Lane, University of Maryland, College Park, MD 20742; Denise Benoit-Moctezuma, MPH, University of Maryland, College Park; Kavitha Sankavaram, PhD

Objective: To increase physical activity and refer more patients to University of Maryland EFNEP nutrition education classes and other community resources, CCI Health and Wellness Centers adopted Physical Activity as a Vital Sign (PAVS).

Theory, Prior Research, Rationale: Social Ecological Model. Previously used by Kaiser. PAVS screens patients for physical activity during routine vital signs assessments. It was initially pilot-tested in one CCI clinic.

Description: The target audience was pediatric clinic patients and their families in Latino communities. Clinic medical assistants asked physical activity screening questions. Activity "tip sheets" and local physical activity resource guides were distributed. EFNEP nutrition classes were added as a referral resource and patients were referred between February and September 2016. This effort required changes in the clinic electronic health record and workflow redesign. Patients showed improved physical activity and diet quality.

Evaluation: Interviews were conducted pre- and post-intervention with seven providers. All providers agreed that screening questions took little time and PAVS made it easier to address physical inactivity. Resource lists and referrals to EFNEP nutrition classes were especially important for providers to offer some options for patients. An estimated 40 new patients were referred to EFNEP. Providers reported more patients asking them about physical activity as well. All providers felt that PAVS was feasible and should be incorporated into clinic settings.

Conclusions: This program offers lessons learned regarding next steps for evaluating PSEs. First, by incorporating the screening questions and EFNEP referrals into the electronic health record, evaluation indicators were easily measured. Second, provider interviews revealed their priorities and level of support.

Funding: None

P163 Not State Self-Control, but Time Predicts Unhealthy Food Purchases

Stefanie Salmon, PhD, s.j.salmon@hhs.nl, The Hague University of Applied Sciences, Johanna Westerdijkplein 75, The Hague, The Netherlands; Gitte Kloek, PhD, The Hague University of Applied Sciences; Jacqueline Langius, PhD; Sanne de Vries, PhD

P163 (continued)

Objective: It is often suggested that people are more prone to succumbing to unhealthy foods when they are low in self-control. The present study investigates the effect of state self-control on food purchases in a real-life setting; a university canteen.

Study Design, Setting, Participants: In 163 participants (56% men, 76% students) with a mean age of 28 (± 11) years, state self-control was measured upon arrival at the canteen, by 3 items of the State Self-control Scale (Ciarocco et al., 2010). After returning from the cashiers, participants filled out which food product(s) they bought. Time was recorded when participants entered the canteen, and when they returned.

Outcome Measures and Analysis: The effect of state self-control on food purchases was analyzed by a logistic regression analysis with healthy vs. unhealthy product as dependent variable and state self-control as independent variable. Time spent at the canteen was added to the model as exploratory variable.

Results: Whereas there was no main effect of state self-control ($p=.56$), time predicted food purchases ($OR=1.003$, $p=.04$). The longer participants stayed at the canteen (mean time = 6 minutes, 23 seconds), the more often they bought an unhealthy product. Participants buying an unhealthy product spent on average 54 seconds longer than participants buying a healthy product.

Conclusions and Implications: A longer time spent at the canteen was associated with buying unhealthy foods. Deliberating between (healthy vs. unhealthy) choice options, and/or a longer exposure to tempting food cues, may lead to unhealthy purchases. Insight into the mechanism underlying this relationship may have practical implications for interventions in promoting healthy choices at point-of-purchase settings.

Funding: None

P164 Nutrition Environment and Practices of Family Childcare Homes and Child Care Centers in Nebraska

Dipti A. Dev, PhD, ddev2@unl.edu, University of Nebraska, Lincoln, 135 Home Economics Building, Lincoln, NE 68503; Holly Hatton-Bowers, PhD, University of Nebraska, Lincoln; Yage Guo, MS; Emily Hulse, MS, Children's Hospital and Medical Center; Zainab Rida, PhD, RD, Nebraska Department of Education; Christina Burger, MS, University of Nebraska, Lincoln; Donnia Behrends, MS, RD; Jaclynn Foged, MS

Objective: To assess and compare the nutrition environment and practices of family childcare homes (FCCHs) and childcare centers.

Study Design, Setting, Participants: FCCHs ($n=309$) and childcare centers ($n=176$) participated in the Go Nutrition and Physical Activity Self-Assessment for Child Care.

Outcome Measures and Analysis: Multivariate analyses were conducted to determine the differences in baseline nutrition environment and provider practices

between the FCCHs and childcare centers. Rural-urban location was included in the model as a covariate.

Results: Overall, all FCCHs and childcare centers sometimes met nutrition best practices. However, significant differences between FCCHs and centers were found. Specifically, as compared to centers, FCCHs had higher ratings for nutrition best practices regarding: offering fresh fruits and vegetables, offering low fat meat, providers rarely consuming unhealthy foods/beverages in front of children, and receiving nutrition training for providers. As compared to FCCHs, childcare centers had higher ratings for nutrition practices regarding offering limited fried or pre-fried meats, rarely using food to calm upset children or as a reward, and using menus in at least a 3-week cycle. Both providers in FCCHs and centers scored relatively low on serving meals family style, nutrition education for children and parents, and having a comprehensive written policy for child nutrition.

Conclusions and Implications: Given the significant differences found between FCCHs and centers, it may be important to tailor programs aiming to improve nutrition best practices based on their childcare context and explore their unique motivators, facilitators and barriers.

Funding: USDA Team Nutrition; Nebraska Extension, the Nebraska Supplemental Nutrition Assistance Program – Education (SNAP-Ed) and the Nebraska Department of Health and Human Services – Division of Children and Family Services

P165 Nutrition in Transition: An Examination of Nutritional Attitudes and Behaviors Among a Transitional Housing Population in Baltimore, MD

Kendall Bustad, DPH, kborge@gmail.com, University of Maryland, 1117 Chincoteague Hall, 7401 Preinkert Drive, College Park, MD 20742

Objective: To assess the impact of a nutrition education intervention, to identify participant experiences and perceptions of the intervention, and further uncover additional nutrition wants and needs of a homeless population.

Design, Setting, Participants, Intervention: An exploratory sequential mixed model using pre and post intervention data from homeless transitional housing residents in Baltimore, MD ($n=26$) receiving a nutrition education intervention and participating in focus groups occurred in 2015.

Outcome Measures and Analysis: Twenty-four hour Food Recall data was analyzed using the USDA SuperTracker Tool. Generalized linear mixed model analyses were performed on categorical variable data while Linear Mixed Model analyses were performed on continuous variable data to assess change from baseline to follow-up for the survey questions. Focus group data was analyzed with Atlas.ti version 7.0 for themes.

Results: It indicates that participants were more likely to rate their diet as "Healthy to Very Healthy" ($p=.035$), eat a variety of fruit ($p=.011$), go out of their way to purchase fruits and vegetables (FV) ($p=.010$), enjoy trying new vegetables ($p=.035$), know the vitamins found in FV ($p=.005$),

Continued on page S89