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Rationale: Physical activity and nutrition are influential factors for childhood obesity and Type 2 Diabetes. Maryland adolescents typically get fewer than the recommended 60 minutes of physical activity daily and do not eat the recommended amounts of fruits and vegetables. Improving access to healthy foods in schools and increasing availability of active time can potentially influence the development of these chronic conditions.

Description: The Healthy Eating Active Lifestyle (HEAL) coalition created a Healthy Schools Challenge to promote healthy eating, physical activity and overall wellness with students. It is open to all public schools in Washington County. The challenge includes three categories: Fuel Your Body (nutrition), Get Moving (physical activity) and Feel Your Best (mental health). Criteria is based on best practices from the Alliance for a Healthier Generation. Schools select options in each category to earn points. Schools can earn a “healthy school status” as well as prize money based on their points accumulation. At the end of the school year, schools that go above and beyond in creating a healthier school environment are recognized.

Evaluation: Both teacher and student evaluations are completed to assess changes in school environments and behavior changes.

Conclusions and Implications: Competition promotes healthy schools as our second year of the Healthy Schools Challenge created more activity and innovation. This challenge can be easily adapted in other communities.

Funding: HEAL of Washington County

P137 Knowledge, Attitudes, and Self-Efficacy of Culinary Skills as they Relate to Chronic Disease Prevention in Future Health Practitioners: iCHOP Pilot Study

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Objective: Nutrition and culinary preparation of food, is a key component of disease prevention and treatment. However, nutrition education for health professional students is often minimal or absent. iCHOP Pilot Study investigated knowledge, attitudes and self-efficacy of nutrition and culinary skills in specific disease states of medical students at West Virginia University.

Study Design: After IRB approval, medical students, ~400, were emailed a 45 items survey (~15 min) focused on diabetes, cardiovascular disease, and pregnancy investigating their nutrition and culinary knowl-

edge (multiple choice), attitudes (Likert 5 pt), and self-efficacy across disease states.

Results: Participants (n=56) attitudes of importance of nutrition in medicine addressing the role of diet with a patient strongly agree (87.5%), physicians should counsel high-risk patients about nutrition (89.6% agreed or strongly agreed). Nutrition knowledge was overall low (62.5% of correct responses) of disease topics resulted with pregnancy scoring lowest (56.4%), diabetes (58.1%) and cardiovascular disease (73.1%). Similarly, self-efficacy was low with pregnancy self-efficacy to advise a patient on breastmilk vs other options (67.2% of students stated not feeling proficient) 46.6% stated not proficient in nutrition education for cardiovascular disease and 48.3% stated somewhat proficient in weight loss aspects in patients with diabetes. Participants reported the highest self-efficacy (62.1% totally proficient) on benefits of exercise on health.

Conclusion: Nutrition, food preparation, including culinary skills, should be incorporated in training and continuing education curriculum components of health professions including those in medicine.

Funding: NIH

P138 Nutrition Education for Cognitive Impaired Audiences

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Objective: Individuals with developmental disabilities and cognitive impairments have poor eating habits and are at increased risk for cardiovascular disease, obesity, and osteoporosis. We have found that there is a great need for a curriculum to serve the special needs of this population in Michigan.

Description: This curriculum was piloted with 120 people. The pilot sites include urban school settings, urban community settings as well as rural community sites. Eight lessons were delivered which included both food tasting and cooking. The target audience was adults with development disabilities and cognitive impairment.

Theory, Prior Research, Rationale: A work group was convened to identify current needs for curriculum to provide nutrition and physical activity education to cognitively impaired audiences. This group developed a survey to be completed by agencies that service participants that are cognitively impaired. This survey identified the optimal topics to be covered along with the preferred format for the delivery of nutrition and physical activity content. A literature review was also completed to assess current practices used in providing services to this population. Based on this information Healthy Eating Adds Up was identified for piloting. Protocols as well as evaluation tools were developed to pilot this curriculum. Strategies to increase our outreach and

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identify resources for this under served population were investigated.

Evaluation: Teacher/Caregiver observations were used as the evaluation for this initiative. Improvements were seen in both physical activity and nutrition behaviors.

Conclusions and Implications: This curriculum meets the needs of providing nutrition education to this vulnerable population. Continued outreach into this population will empower this under served population to make healthier choices and improve nutrition outcomes.

Funding: Supplemental Nutrition Assistance Program - Education

P139 Seniors Eating Well

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Objective: To improve the health, nutrition knowledge and behaviors of older adults, specifically reducing sodium, increasing healthy fats and snacks, fruits, vegetables and whole grains, reading nutrition labels, and physical activity.

Theory, Prior Research, Rationale: Based on U.S. census data, 2015- 2020 U.S. Dietary Guidelines, and Social Cognitive Theory, and prior program impact research over ten years.

Description: Target audience was middle-older and older adults. Seniors Eating Well is a nine lesson curriculum that was completely updated in 2016 to incorporate the new U.S. Dietary Guidelines. It is appropriate for SNAP-Ed and other older adult audiences at senior centers, community centers, and senior housing centers and with middle-older adults (aged 50-65) at work sites, clubs, churches, or other organizations. Lesson topics: Great Grain Discoveries, All Star Senior Snacks, Heart Healthy Meals, Cooking & Seasoning with Herbs, Savory Soups, Fitness Fun, Evaluating Dietary Supplements, Dietary Fat Fact or Fiction, and Energy Density. Each 45 minute lesson includes lesson plans, PowerPoints, recipes, handouts and evaluations. Some lessons include games; all are discussion based.

Evaluation: Short retrospective surveys after each lesson and three-six month follow-up. Student t-tests have shown positive significant changes.

Conclusions and Implications: The educational matrix in the appendix shows how each lesson's objectives conform to the U.S. 2015 Dietary Guidelines. Over the last ten years the program has shown positive impact by increasing knowledge, skills/abilities, intent to change behaviors, and behavior change. The program has also been used by many others states' Extension services, SNAP-Ed and by older adult community programmers.

Funding: None

P140 SIPsmartER: Adapting an Evidence-based Dietary Intervention Program to the Hispanic Population

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Objective: Cultural adaption frameworks or processes for dietary interventions are limited. The purpose of this study was to identify and implement a best practice protocol for cultural adaptation of the SIPsmartER dietary intervention to the Hispanic population. SIPsmartER is an evidence-based dietary intervention targeting sugar-sweetened beverage behavior and was originally developed for a rural non-Hispanic white population.

Study Design, Setting, Participants: A systematic review was conducted to identify studies adapting dietary interventions to the Hispanic population. The SIPsmartER intervention was translated from English into Spanish and culturally adapted to the Hispanic population guided by frameworks and processes identified from the systematic review. Thirty-three Hispanic families, three researchers and five key informants from Southwest Ohio were involved in the adaptation process.

Outcome Measures and Analysis: Literature review, key informant observations of the curriculum delivery, target population feedback on written and visual materials, researcher experience, focus groups and mobile technology surveys were used to gain information for adaptation.

Results: During the systematic review, eight articles were reviewed and two specific cultural-adaption frameworks were identified. Using the heuristic framework and Five Categorical Strategies for Adaptation to guide the adaptation process, the SIPsmartER intervention was adapted to promote cultural-appropriateness through corrections in translation, changes of images in the educational materials, inclusion of family and peer educators, logistical considerations and the development of mobile technology.

Conclusions and Implications: The SIPsmartER intervention was culturally adapted to a Hispanic population. The adapted intervention will be tested in a larger research project to include a technological component.

Funding: University of Dayton Research Institute

P141 Small Bites, Big Change! Teacher-Facilitated Nutrition Program Increases Healthy Eating Knowledge and Vegetable Consumption

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