P30 (continued)

Objective: This study seeks to fill a gap in the process of nutrition education with the development of evidenced-based Communication & Delivery Methods (CDMs) developed over 20 years of programming by FCP to drive positive and sustained healthy food behaviors.

Study Design, Setting, Participants, Intervention: FCP nutrition education sessions with preschool children and parents; elementary children; middle/high school; and adults children across the U.S. from 1995 to 2017.

Outcome Measures and Analysis: Observations and analysis sessions that recorded specific CDMs that appeared to be connected to behavior change. Qualitative interviews with preschool parents and high school students that had attended FCP programming that asked about post intervention behavior change and what program elements CDMs participants felt facilitated their behavior change process.

Results: Ten CDMs emerged from FCP's program development, refinement, evaluation, dissemination and interviews with program participants: challenge (push participants out of their comfort zone); peer support (create level playing field); experiencing success (weekly sense of achievement); celebratory (create enjoyable atmosphere); skill building (move from "student" to "teacher"); palate development (discover new flavors); skill reinforcement (repetition to build confidence); recipe concepts (move beyond recipe driven cooking); collaboration (value group over individual accomplishment); and home environment (address home dynamics/facilities, access to healthy food).

Conclusions and Implications: These insights on effective CDM can help to shape and improve the foundation of existing and future interventions for all ages that can help nutrition education, especially theory-based and behaviorally focused nutrition education, to have high quality delivery that can lead to engaged participants during the interventions and more sustained behavior change.

Funding: None.

P31 WITHDRAWN

Food and Nutrition Policy

P32 Awareness Among Rural and Urban Parents of Elementary School Children Regarding School Wellness Policies and Prevalence of Child Obesity

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Background (Background, Rationale, Prior Research, and/or Theory): Schools participating in USDA meal programs are required to have a school wellness policy

(SWP). Research suggest that utilization of local SWP was associated with increased consumption of healthier food items and superior health-promoting practices in the school setting, such as regular physical activity, with rural, versus urban, schools reporting least implementation. The parents' awareness and involvement plays a noteworthy role in successfully implementing wellness policies in schools.

Objective: Compare parents of elementary school children from rural and urban communities on their perceptions of the problem of childhood obesity, their knowledge about school wellness policies (SWP), and their belief that schools have a responsibility for obesity prevention.

Study Design, Setting, Participants, Intervention: Parents of elementary school children (n = 470) completed a statewide telephone survey about their perceptions of the problem of childhood obesity, knowledge about SWP, and belief that schools have a responsibility for obesity prevention.

Outcome Measures and Analysis: Chi square and t-test statistics were conducted to determine differences between rural and urban households.

Results: Rural parents had lower ratings of school responsibility for providing foods to reduce obesity ($P = .035$) and lower feasibility ratings of the schools changing foods to meet guidelines for health promotion and obesity reduction ($P = .023$) than urban parents. While two thirds of the participants stated that they were aware that their child's school had a SWP, nearly half (49.5%) rated their familiarity with the policy low. Overall, more parents agreed that obesity was a problem in the state as opposed to obesity being a problem in their child's school ($P < .001$).

Conclusions and Implications: Greater awareness is needed among parents of elementary school children regarding the prevalence of childhood obesity and health benefits of healthy weight in childhood, as well as increased communication and collaborative efforts between schools and families in providing health promoting environments.

Funding: None.

P33 Barriers to Accessing Adequate, Healthy Foods in Two Rural Communities in North Carolina

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Background (Background, Rationale, Prior Research, and/or Theory): Rural households face unique challenges related to high rates of food insecurity, the lack of access to adequate, healthy food, which is associated with poor health outcomes. However, research shows that church-based interventions are effective in rural communities.

Continued on page S23

P33 (continued)

Objective: This study sought to identify and describe challenges of food access in a rural community and promote church-based interventions.

Study Design, Setting, Participants, Intervention:

In partnership with two United Methodist Churches in rural North Carolina, three focus group interviews (n = 23) were conducted focusing on health and nutrition issues with six to ten local residents who administered or received church aid.

Outcome Measures and Analysis: Outcome measures included a qualitative description of barriers to food access. Using the constant comparative method to analyze themes, four researchers independently developed a list of barriers and came to a consensus.

Results: The focus groups elucidated several barriers, including lack of local and homegrown food, high costs of healthy foods, inadequate food and nutrition resources, an absence of economic opportunities, and trouble navigating the food environment. Some of these issues, such as lack of access to homegrown food, are unique to rural populations due to culture and location. Viable solutions include providing fruits and vegetables through local church gardens, partnerships with local farmers, and promoting community resources such as transportation and education.

Conclusions and Implications: This study described rural Appalachia's food environment and identified multiple barriers to accessing enough quality food from the perspectives of food insecure individuals and food assistance volunteers. By obtaining these viewpoints, community solutions that promote rural food security became evident.

Funding: None.

P34 Family Child Care Home Provider Experiences with the Child and Adult Care Food Program

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Background (Background, Rationale, Prior Research, and/or Theory): Family Child Care Home providers (FCCH) are responsible for providing healthy meals for young children.

Objective: To examine FCCH experiences with the Child and Adult Care Food Program (CACFP) and determine factors influencing food served.

Study Design, Setting, Participants, Intervention: Cross-sectional study. Individual interviews conducted in community settings in Spring 2016. FCCH (n = 30) around Oklahoma City on the CACFP. Individual, semi-structured

interviews and one week of current menu was analyzed for foods served.

Outcome Measures and Analysis: Frequencies were calculated for descriptive characteristics and foods served. Interview transcripts were analyzed for common themes by three researchers.

Results: All participants were women, 60% had been working in child care ≤10 years, 67% cared for ≤7 children, 90% Tier I CACFP. FCCH were already meeting some new rules and best practices: 85% serve ≥1 red/orange vegetable/week, 100% limit juice to once/day, 97% do not fry foods on-site, 100% encourage breastmilk, and 77% serve ≥1 whole grain-rich food/day. Room for improvement exists: 50% serve low sugar cereal, 4% a vegetable or a fruit for snack, 27% serve family-style meals, and 20% limit pre-fried foods. Five main themes emerged: satisfied with sponsors, but frustrated with implementation such as confusion on creditable foods and serving sizes; serve foods that are creditable; serve foods children will eat to minimize food waste; serve what is perceived as healthy, although there is misinformation; and limit cost and save time.

Conclusions and Implications: FCCH feel the CACFP is beneficial but expressed frustrations with implementation and demonstrated lack of awareness of healthy eating patterns and nutrition for children. They are passionate and care about children and want to do what is best for them while saving money and time. Connecting with sponsors is important to make the greatest impact and assist FCCH in meeting guidelines and best practices.

Funding: College of Allied Health Student Research and Creativity Grant, Department of Nutritional Sciences.

P35 Food Insecurity Among College Students at a Rural Southeastern University: Assessing Coping Strategies

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Background (Background, Rationale, Prior Research, and/or Theory): Food insecurity is a major public health concern in the U.S. In 2016, 12.3% of the U.S. households experienced food insecurity at some time during the year. There has been extensive research done on the general adult population; however minimal studies have specifically investigated college students.

Objective: The purpose of this study was to examine the prevalence of food insecurity, relationship between food insecurity and demographic variables (such as gender, age, and marital status), and explore coping strategies used by students at a rural Southeastern University.

Study Design, Setting, Participants, Intervention: Invitations were sent via email to a sample of 3,650 students, 18 years and older, to complete an online survey via Qualtrics. Demographic and food insecurity

Continued on page S24