P37 (continued)

leisure-related activities. Body weight transition was examined by body weight status. Epidemiological transition was examined with non-communicable diseases (hypertension, diabetes, dyslipidemia, stroke, heart problems) and communicable disease (tuberculosis). Nutrition transition could not be examined because of data unavailability. All analyses were conducted with SPSS.

Results: Analyses revealed improving education level, more consumption of sugar and sweeteners and vegetable oil, less physical activity, more overweight and obesity, and increasing non-communicable diseases. Multiple logistic regressions showed that higher risk for high blood pressure was consistently associated with being female (cross-sectional: OR 3.35 (2007) and 2.16 (2014); $P < .001$ and longitudinal: OR 1.95; $P < .05$) and overweight (cross-sectional: OR 2.18 and 1.38; $P < .05$ and longitudinal: OR 1.01; $P < .05$). Physical activity transition were associated with lower risk of high blood pressure in 2007 with doing vigorous activities (OR 0.73; $P < .05$) and moderate activities (OR 0.69; $P < .05$), but not in 2014. No significant associations were found with dietary transition.

Conclusions and Implications: All transitions occurred in line with literatures and were interrelated. In Indonesia, only body weight transition appeared to be consistently associated with epidemiologic transition, even after adjusting for other transitions.

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P38 Obesity-Related Health Statistics Correlate More Strongly to Coalition Network Indices than Typical Effectiveness Evaluations

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Background (Background, Rationale, Prior Research, and/or Theory): Community health coalitions (CHCs) aim to improve local food/physical activity environments. Traditional CHCs evaluations measure perceived effectiveness, failing to quantify network structures or health outcomes. Thus, we applied a mixed-methods evaluation; triangulating the Coalition Self-Assessment Survey (CSAS), social network analysis (SNA), and obesity-related county-level health statistics (ObCLHS).

Objective: To improve CHCs evaluation by exploring relationships between network structures, perceived effectiveness, and obesity-related social-behavioral factors.

Study Design, Setting, Participants, Intervention: We administered CSAS and SNA in eight rural CHCs during summer 2017 and accessed the latest available (2015-16) ObCLHS. We conducted factor analysis on CSAS responses and compared ObCLHS, SNA, and CSAS factors using Pearson's correlations.

Outcome Measures and Analysis: ObCLHS included adult BMI (aBMI), daily sugar-sweetened soda intake (Soda),

daily sugar-sweetened beverage intake excluding soda (SSB), no physical activity in 30 days (noPA), and food insecurity (FoodIns). We conducted SNA on CHCs partnership, trust, and communication networks using the following indices: density (number of actual connections/all possible), eigenvector centralization (presence of a network broker), mean indegree (average number of connections members hold), indegree centralization (whether there is a central person). CSAS factors loaded on leadership, operating norms, actionable outcomes, personal problems for participation (PPP), and lack of common goals (LCG).

Results: ObCLHS correlations to SNA: FoodIns negatively correlated to partnership, trust, and communication network density; Soda, aBMI, and noPA positively correlated to partnership, trust, and communication network indegree centralization; SSB and FoodIns negatively correlated to partnership, trust, and communication network mean indegree. ObCLHS correlations to CSAS: Soda negatively correlated to PPP; FoodIns positively correlated to leadership and negatively correlated to LCG.

Conclusions and Implications: To assess CHCs impact on health, evaluation should include SNA. ObCLHS were more strongly correlated (greater number of and consistently higher correlations) to SNA indices of CHCs than typical effectiveness evaluation surveys. We are pursuing state-wide evaluations, longitudinally, to clarify trajectories and validate this model for effective and sustainable CHCs.

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P39 Prevalence and Correlates of Family and Campus Food Insecurity Among Freshmen at a University in Appalachia

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Background (Background, Rationale, Prior Research, and/or Theory): Food Insecurity means having limited access to nutritionally adequate foods. College students are a vulnerable population for food insecurity, with rates ranging from 14% to 59%. Freshman are in a transitional period where budgetary restrictions and limited money management and food-related skills may predispose to inadequate food intake.

Objectives: To measure the prevalence and identify correlates of familial and campus food insecurity among freshmen, and to compare correlates among food insecure (FI) and food secure (FS) freshmen.

Study Design, Setting, Participants, Intervention: Cross-sectional online questionnaire administered to 456 freshmen (males = 118, females = 331).

Outcome Measures and Analysis: Family and campus food security status using the Adult Food Security Survey Module (AFSSM), meal skipping (MS), coping strategies (CS), academic progress (AP), and money expenditure (ME).

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