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Background (Background, Rationale, Prior Research, and/or Theory): More than 20% of preschool-aged children in the U.S. are classified as overweight or obese making it a critical time to focus on exposure to healthy foods/beverages. USDA's Child and Adult Care Food Program (CACFP) serves 3.3 million children attending child-care centers each day with the goal of improving the quality of meals provided. Research has shown nutritional recommendations are often not met among children attending CACFP-funded centers. Few studies have been conducted in Head Start (HS) settings, where children are at higher risk for overweight/obesity.

Objective: The purpose of this study was to examine perceptions of obesity prevalence within North Carolina (NC)-based HS programs and the relationship to current food/beverage practices.

Study Design, Setting, Participants, Intervention: HS-Health/Nutrition Coordinators (n = 24; 69% response rate), representing over 50 counties across NC, were recruited to participate in the study and complete a 71-item online survey. Authors analyzed survey questions addressing obesity perception, food/beverage practices, and barriers to promoting healthy eating.

Outcome Measures and Analysis: Analyses were conducted using basic descriptives, Spearman's Rho Correlations, and Kruskal-Wallis tests. Researchers created sub-category (i.e. general, meats/sweets, beverages) and total food/beverage practice scores for each program (1 = positive practice; 0 = negative practice).

Results: Participants' perceived obesity was a moderate to very large problem for children (87.6%), parents (91.7%), and teachers (87.5%). However, significant correlations were only observed when comparing perceived child obesity to beverage practices ($r = 0.425$; $P = .04$), meats/sweets practices ($r = 0.377$; $P = .08$), and total food/beverage score ($r = 0.488$; $P = .034$) practices. Reported barriers to serving healthier meals/snacks including cost and lack of control over the types of foods delivered by foodservice providers.

Conclusions and Implications: Future research is warranted to examine food/beverage quality after new CACFP standards have been fully implemented in 2018–2019. Rates of childhood overweight/obesity within programs should be compared with improved food/beverage policies to examine the impact on child health outcomes.

Funding: None.

Basic Food and Nutrition Knowledge

P115 Acculturation and Dietary Practices Among British Sri Lankan Tamils: An Exploratory Study

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Background (Background, Rationale, Prior Research, and/or Theory): The risk of chronic diseases are higher in people of South Asian origin than in Caucasian populations. Migrant epidemiological studies have shown that the risk of certain chronic diseases may be associated with lifestyle changes.

Objective: To assess acculturation and dietary practices among British Sri Lankan Tamils.

Study Design, Setting, Participants, Intervention: In a cross-sectional study, data were collected on the demographics, acculturation scale and dietary practices from the British Sri Lankan Tamil population. A 45 question online survey was utilized to collect this data.

Outcome Measures and Analysis: Data were analyzed using descriptive statistics and chi square tests.

Results: The survey was completed by 34 participants and 53% were male (n = 17) and 47% were female (n = 15). More than half of the participants were under 30 years old (n = 20) and reported that they were born in the United Kingdom. On a 30-point acculturation scale, participants' scores ranged from 7–20. Half of the participants scored above 15 points, with higher scores indicating more acculturation. Most participants reported following a western dietary pattern for breakfast and lunch while over 60% reported consuming a traditional meal for dinner.

Conclusions and Implications: British Sri Lankan Tamil breakfast and lunch menus reflect western dietary practices. However, evening meals are more reflective of traditional diets. Potentially, indicative of greater time available in the evenings to prepare traditional meals at home and of socio-economic integration into mainstream British society precluding such dietary practices during breakfast and lunch. Future nutrition education programs should place greater emphasis on the impacts of changes in breakfast and lunch dietary practices.

Funding: None.

P116 Baseline Diet Adequacy of Army Soldiers Supports the Need for a Planned Dining Facility Intervention

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Background (Background, Rationale, Prior Research, and/or Theory): Recent studies depict

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sub-optimal diet quality scores of soldiers at a Fort Bragg dining facility (DFAC). Poor diet quality may contribute to the increasing military overweight rates and associated comorbidities. It is unclear if similar diet quality scores will be attained at other military installations.

Objective: The objective of this study was to determine Soldiers' current dietary intake and diet quality at a Colorado military dining facility (DFAC).

Study Design, Setting, Participants, Intervention:

In 2017, Pennington Biomedical Research Center partnered with U.S. Army researchers to assess dietary intakes of soldiers at a designated Fort Carson, CO, DFAC. A total of 89 soldiers were recruited and asked to consume three meals in the DFAC over a 2-day period. Soldiers' dining trays were captured using digital photography methodology before and after food consumption. Foods consumed were estimated by two trained dietitians.

Outcome Measures and Analysis: Foods consumed were analyzed for nutrient content using the FNDDS 2013–2014. The Healthy Eating Index-2015 (100 points maximum score), a measure of diet quality that reflects the most recent version of the 2015–2020 Dietary Guidelines for Americans, was calculated for soldiers who had complete dietary data. Data were analyzed using SAS® version 9.4 software.

Results: Forty-one soldiers provided complete dietary data for at least one day (all three meals). Mean HEI-2015 total score was 63.1 + 9.0 and the lowest component score was whole grain consumption (0.25 + 0.7 points). Total protein reached 94.5% of the maximum score; while total fruits, vegetables and dairy reached 64.7%, 80.6%, and 67.4% of the target, respectively.

Conclusions and Implications: Low diet quality scores support the need for a DFAC nutrition intervention aimed to improve food offerings and Soldiers' healthy eating scores at the Fort Carson DFAC. These results echo the need for interventions to increase diet quality in military dining facilities. Soldiers tasked with defending our nation need to be in optimal nutritional status.

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P117 College Campus Wellness Programs: Identifying and Addressing the Health Needs of College Students

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Background (Background, Rationale, Prior Research, and/or Theory):

With adolescent obesity rates increasing in the last decade to 20.6% overall and 9.1% for extreme obesity, college wellness programs have an important opportunity to influence how college students approach their overall wellness.

Objective: This study determines what health issues college students want campus wellness programs to address as well as suggestions on how college wellness programs should approach addressing students' wellness needs.

Study Design, Setting, Participants, Intervention:

Using online technology, focus groups of college students enrolled in a course from four land grant institutions (n = 4, Pp = 102) discussed and answered six different sets of questions aimed at identifying and addressing wellness issues of college students. Following each class period, students posted summaries and recordings of the class discussions to the online class management program. Recordings were then transcribed verbatim by researchers.

Outcome Measures and Analysis: Transcripts were analyzed through coding and thematizing. The codes were then compared for consensus by two different researchers to determine health themes.

Results: Students identified the need for increasing the availability of healthy food options, education on health topics, truthful marketing, student organizations focusing on health, and improved recreational facilities on college campuses. The cost of healthy food options, availability of unhealthy food options, misinformation regarding health, and stress were all listed as barriers to student health. Students identified that college wellness programs need to better communicate the health-related services and facilities available to students, provide support systems for students, provide more health education, accommodate students' schedules when organizing health events, and offer attention-grabbing events focusing on health.

Conclusions and Implications: College campus wellness programs need to offer more opportunities and services centered on student health while also limiting accessibility to the barriers that hinder overall student health. Students preferred for their health and wellness needs to be addressed through a strong support system that uses attention-grabbing strategies to communicate various health-related services and facilities available to students.

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