P135 (continued)

Yet, only 40.8% state that they often select healthy snacks. Many students (59%) noted that no healthy snacks were available in vending machines in their residence halls.

Conclusions and Implications: Educational interventions should instruct students how to read nutrition labels and where to find healthy snacks. A campus wide healthy snack intervention may improve frequency of healthy snack selection. Future studies should determine how students determine if a snack is healthy and if student perceptions of healthy snack availability are accurate.

Funding: None.

P136 What Supports and Hinders Community Intervention Success? A Cross-Case Study of the Children's Healthy Living (CHL) Program

Jean Butel, MPH, jbutel@hawaii.edu, University of Hawaii, Manoa, 1960 East West Road, Honolulu, HI 96822; Claudio Nigg, PhD; Kathryn Braun, DPH; James Davis, PhD, John A Burns School of Medicine; Carol Boushey, PhD, University of Hawaii Cancer Center; Rachael Leon Guerrero, PhD, University of Guam; Andrea Bersamin, PhD, University of Alaska, Fairbanks; Patricia Coleman, BS, Northern Marianas College; Travis Fleming, BS, American Samoa Community College; Rachel Novotny, PhD, University of Hawaii, Manoa

Background (Background, Rationale, Prior Research, and/or Theory): Multisite studies are useful in testing the generalizability of community-level interventions. Building collective efficacy (CE), defined as social cohesion and willingness to work for the common good, is suggested for community-level interventions. However, little is known about CE strategies and barriers in implementation of multisite, community interventions.

Objective: This study aimed to identify CE-based implementation strategies and intervention barriers in a multisite community intervention.

Study Design, Setting, Participants, Intervention: Cross-case, theory-driven, qualitative analysis techniques of documents from the nine intervention communities of the Children's Healthy Living (CHL) program, were inductively and deductively coded for CE theory-based themes related to implementation supports and barriers. CHL was a community randomized control trial, conducted in the U.S. Affiliated Pacific.

Outcome Measures and Analysis: Five CE-based organizing themes emerged from 47 basic strategy themes. Seven organizing barrier themes were generated from 17 basic themes. Based on total CE intervention dose, CHL communities were categorized into high-dose ($n = 4$) and low-dose groups ($n = 5$). Codes were examined across intervention activities and compared and contrasted across the two groups.

Results: Across communities, "unforeseen delays" was the primary organizing barrier theme followed by "modifications of intervention materials and activities". CE-based

strategy themes of civic engagement (i.e. participation in policy and/or community change) and social bonding (i.e. development of trusting relationships) were three times higher and two times higher, respectively, in the high-dose group compared to the low-dose group. Barriers due to complexity, prioritization, and resources were coded more frequently in the low-dose group (1.8, 1.9, and 1.9 times, respectively) compared to the high-dose group and appeared to hinder community success.

Conclusions and Implications: Findings suggest community-level interventions should include activities promoting social bonding and civic engagement, as these help build CE when implementing interventions. A measure of pre-existing CE might be useful to understand potential barriers and supports when tailoring interventions as community acceptable activities that strengthen CE will more likely be implemented.

Funding: USDA.

P137 Evidence of Critical Decision Making in College Students Using Nutrition Modules that Include a Contextual Framework

Jade McNamara, MS, University of Rhode Island; Annie Clarkin, BS; Emily Karn, BS; Kelsey Pawson, BS; Kelly O'Connell, BS; Ingrid Lofgren, PhD; MPH; RD; Sara Sweetman, PhD; Geoffrey Greene, PhD, LDN, RD, ggreene@uri.edu, University of Rhode Island, 125 Fogarty Hall, Kingston, RI 02881

Background (Background, Rationale, Prior Research, and/or Theory): Educational institutions have prioritized critical thinking (CT) skills as learning outcome goals, yet research has demonstrated mixed results about the development of CT in college courses.

Objective: To understand how the addition of a contextual framework to an online nutrition module influences college students' critical decision making (CDM).

Study Design, Setting, Participants, Intervention: Students at two universities (RI and TX) were individually randomized into an intervention group with a contextual framework or a control group without the framework. The modules focused on protein sources and organic/non-organic foods. Groups were exposed to the same instruction about CDM, shown two identical videos, and asked to make a decision about each issue. The contextual framework for the intervention group included: framing the topic in the form of a question, organizational activities, and support in forming a decision.

Outcome Measures and Analysis: CDM was scored by trained researchers using a validated rubric ranging from 0–30 points. Responses were scored on: making a decision (10 points), providing evidence based reasoning (0–15 points) and seeing the other side's point-of-view (5 points). Evaluation was based on scores assessed at the end of module 2 using hierarchical linear regression. Analyses were conducted using SPSS 24.

Results: 440 students participated (intervention = 210; control = 230); mean age was 19.5, and 73.4% were female.

Continued on page S73

P137 (continued)

After controlling for critical thinking disposition and university in the regression, the intervention group had a significantly higher CDM score (18.10 ± 7.5) compared to the control (15.48 ± 8.3); $F(3,428) = 13.05$, $P < .001$. The differences in scores were explained by a greater percentage of the intervention making a decision (91.2%) vs. the control (80.0%); $P = .004$ and using more evidence based reasons (1.61 ± 1.1) vs. the control (1.27 ± 1.0); $P = .001$.

Conclusions and Implications: The results of this study give evidence that providing a contextual framework helps students utilize CDM skills. Future interventions should consider using the CDM framework when aiming to increase CT.

Funding: None.

Nutrition Education Program Design Implementation and Evaluation

P138 Participant Characteristics and Implications for Future Community Interventions that Focus on Overweight/Obese Children

Jade McNamara, MS, University of Rhode Island;
Janette Bedoyan, BS; Stephanie Marchand, PhD, RD;
Furong Xu, PhD; Geoffrey Greene, PhD, LDN, RD,
ggreene@uri.edu, University of Rhode Island, 125
Fogarty Hall, Kingston, RI 02881

Background (Background, Rationale, Prior Research, and/or Theory): Inadequate physical activity and poor dietary quality have been linked to the increased prevalence of childhood obesity. Research has shown that self-efficacy and home environments are related to health outcomes of children and baseline behaviors are important to consider for the design of family-focused interventions to reduce obesity.

Objective: To describe baseline behaviors and self-efficacy of overweight/obese children, along with parents' goals for their child's health behavior.

Study Design, Setting, Participants, Intervention: A cross-sectional study was conducted using baseline data from Rhode Island Food, Fitness and Fun (RIFFF), a family-focused intervention for overweight/obese children.

Outcome Measures and Analysis: Anthropometric measurements and surveys related to health behaviors were collected at baseline. Instruments included demographics, parent and child quality of life (QOL), child self-efficacy for limiting high sodium/fat foods and for physical activity, and the 5210 questionnaire assessing activity at home and parents' health goals for their child.

Results: There were 41 dyads which included mothers (93%) and white (78.6%) female (53.5%) children at 8 ± 1.3 years old with a mean BMI z-score of $2.09 \pm .48$. Children reported similar self-efficacy for limiting high sodium/fat foods ($2.36 \pm .33$) and physical activity ($2.37 \pm .48$) when compared to a national sample. Mod-

erate QOL for physical functioning was reported by children ($3.18 \pm .53$) and parents ($3.05 \pm .66$). Children were consuming about 2.5 serv/day of fruit and vegetables and watching 2 hours/day $\pm .95$ min of TV whereas daily physical activity was 1 hour ± 38.7 min. Parents reported goals of increasing their child's fruit/vegetable intake (43.6%), playing outside more (15%), and decreasing television time (18%).

Conclusions and Implications: Results indicated low intake of fruits/vegetables and higher than recommend TV time while moderate self-efficacy for dietary, physical activity, and QOL for physical functioning. Future interventions should utilize standard behavioral techniques such as modeling, setting small achievable goals, and supervised nutrition and activity experiences to build self-efficacy in overweight and obese children.

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Food and Nutrition Policy

P139 Do North Carolina Head Start Teachers Use Supportive Feeding Practices at Mealtimes with 3-5-Year-Old Low-Resource Children?

Kristina Bandy, BS, East Carolina University, Department of Nutrition Science, College of Allied Health Sciences;
Amanda D. Peterson, MS, LDN, RDN, East Carolina University, Vidant Health/Department of Nutrition Science, College of Allied Health Sciences;
Kristi Wilkerson, BS, LDN, RDN, East Carolina University, Department of Nutrition Science, College of Allied Health Sciences; Archana Hegde, PhD, BK, East Carolina University, Department of Human Development and Family Science; Virginia C. Stage, PhD, LDN, RDN, carrawaystagev@ecu.edu, East Carolina University, Department of Nutrition Science, College of Allied Health Sciences, 5th Street, Greenville, NC 27834

Background (Background, Rationale, Prior Research, and/or Theory): Early childhood educators are encouraged to utilize supportive feeding practices (SFP) to promote children's healthy eating. SFP include sitting with children during mealtimes, role modeling healthy eating behaviors, encouraging children to try new foods, providing nutrition education, and addressing children's hunger cues. Although Head Start (HS) policies promote SFP, studies suggest the need for improvement regarding implementation of policies.

Objective: The purpose of this study was to explore Health/Nutrition Coordinators' perceptions of teachers' feeding practices and policies in HS centers across North Carolina (NC).

Study Design, Setting, Participants, Intervention: HS Health/Nutrition Coordinators ($n = 24$) completed a 71-item online survey featuring questions on mealtime policies and feeding practices of ECE's in their programs.

Continued on page S74