NP16 (continued)

provide care for children in the provider's own home, serve over one million children in the U.S. Matched attention intervention trials offer an opportunity to test nutrition interventions in FCCs along with other intervention to promote children's health.

Evaluation: Cluster randomized controlled trial with matched attention design. Fifty-two FCC providers in and around Oklahoma City were randomly assigned into either of the two interventions, where each serves as an attention control for the other. Interventions were based on existing evidence base for health promotion interventions in ECE, Public Health Ecological Model, Social Cognitive Theory, Social Support, Self-Determination Theory, and Adult Learning Practices. Both interventions were completed over three months and consists of two 90-minute home visits with interactive activities, reflection, and goal setting, and a three-hour small group class. The aims include determining the effectiveness, over a 12-month follow-up period, of a pilot community-based intervention to enhance meeting (CACFP) best practices. Multiple observed and self-reported measures were collected at baseline and at 3 and 12 months post-baseline.

Conclusions and Implications: Implementation of this intervention will enhance the quality of nutrition provided to young children in FCC and can be used to scale to rural environments and other states.

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NP17 Expanding Impact Through Diversification: Year 6 of iCook 4-H

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Objective: The objective of year six of iCook 4-H was to expand program impact by diversifying the endeavors of the five principal investigators for the out-of-school program for youth and their adult meal preparers.

Description: Franzen-Castle led the finalization of the eight, 2-hour session curriculum, composed of skill-based family activities in cooking, eating, and playing together for health promotion. Kattelmann led development of new family play time options for the curriculum. White revised and finalized the evaluation tools. Olfert evaluated the dissemination tool using survey and cognitive interviews from experts ($n = 137$) across all states in community nutrition, public health, and dissemination research. The tool, eB4CAST, is evidenced-based for data capturing, assembling, sustainability and timelessness. Colby led community-based participatory research to adapt the curriculum for use with Sub-Saharan African refugee families.

Evaluation: The curriculum was reviewed and approved by the National 4-H Council. For eB4CAST testing, there

was a 27% ($n = 38$) response rate. Participants reported that the tool showcased the impact of iCook 4-H (77% agree/strongly agree) and would be valuable to use with stakeholders (83% agree/strongly agree). Curriculum adaptation was initiated through feasibility testing to address perceived dietary acculturation barriers to food insecurity.

Conclusions and Implications: Year six was a productive year resulting in movement of the curriculum toward access on the National 4-H Mall. iCook 4-H includes evidence-based pre/post program outcome measures, a fidelity of implementation instrument, and a supplemental training course, hosted on eXtension campus. Dissemination will be enhanced through the eB4CAST tool. The adapted curriculum will be used to address nutrition programming for refugee families using the dyad model. The impact of iCook 4-H should be realized through the expanding reach and systematic approach for dissemination and sustainability.

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NP18 Family Mealtime Supports for Obesity Prevention in Head Start Preschoolers: Initial Results From the Simply Dinner Study

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Objectives: Test the feasibility and additive effects of six intervention components reflecting differing levels of supports for family mealtimes and identify components associated with improved family meals and dietary outcomes in the Screening Phase. Evaluate the identified components as a bundled intervention in a randomized controlled trial (RCT) in the Confirming Phase. The target audience is parents/children enrolled in Head Start ($n = 499$, Screening Phase; $n = 250$, Confirming Phase). While obesity prevention efforts emphasize the importance of healthy family meals, few studies have addressed instrumental barriers to family meals as an obesity prevention strategy.

Description: Using the Multiphase Optimization Strategy, we tested 64 combinations of six intervention components including: Meal Delivery (MD): home delivery of family meals including recipes; Ingredient Delivery (ID): home delivery of ingredients and recipes to make family meals; Community Kitchen (CK): sessions in which families prepare meals with recipes; Didactics (NE): nutrition education with recipes; Cooking Demonstration (CD): Cooking Demonstrations with recipes; and Cookware/Flatware (CW): delivery of flatware/cookware to utilize for family meals.

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Evaluation: CK, NE, and CD were poorly attended, and ID showed little change for the amount of time/cost, suggesting these four components lacked feasibility. Given small cell sizes, we utilized descriptive analyses of pre-post changes in mean scores and present Cohen's *d* effect sizes comparing the MD/CW to the control condition. The MD/CW combination showed pre-post increased fruit/vegetable intake (0.16), decreased sugar sweetened beverages (-0.22), decreased fast food consumption (-0.36), decreased parental low preferences for cooking (-0.20), increased use of more whole foods in meal preparation (0.24), decreased food insecurity (0.22), increased basic cookware sufficiency (0.42), and increased family functioning (0.36). However, the effect size for changes in parents/children eating together was negligible (0.05). We are partnering with Meals on Wheels as the preparation/delivery modality in evaluating MD/CW in an RCT.

Conclusions and Implications: Results will inform policy (e.g. where limited resources may be best allocated) and interventions (e.g. supports most effective in promoting family meals).

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NP19 Farm Fresh Foods for Healthy Kids: Innovative Cost-Offset Community Supported Agriculture Intervention

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Objective: To better understand potential supports and barriers to cost-offset community supported agriculture (CO-CSA) for low-income families.

Description: Formative interviews were conducted with adults (*n* = 41) and children (*n* = 20) from low-income households and cooperative extension nutrition educators (*n* = 20). Adults from low-income households also completed a choice experiment to examine willingness to participate in CSA under a variety of price, distance, and content conditions.

Evaluation: Formative interviews revealed parents were unfamiliar with CSA, and most were worried about cost, accessibility, produce quality, and selection. Their optimal CSA share would have 8 to 9 items of mixed variety, pick-up every other week, price less than \$15, no more than 10 minutes further than the supermarket, and preferably less expensive but no more than 20% more expensive than supermarket prices. Formative interviews with educators revealed positive views toward local foods and the importance of integrating local foods into extension programming.

Conclusions and Implications: Findings from the formative research informed the Farm Fresh Foods for Healthy Kids (F3HK) intervention which included a 15–24 week

summer CO-CSA share (50% subsidy), weekly payments (allowing SNAP-EBT), 2–4 cooking tools, and 9 CSA-tailored education classes. Fourteen focus groups were conducted with F3HK participants following the first year of CSA participation to understand challenges faced and support received. Unfamiliar foods, storage, and spoilage were challenges with CO-CSA; the CSA-tailored classes and farmer advice and newsletters helped in this regard. F3HK participants generally thought the CO-CSA was affordable; they reported that farmers were helpful working out alternate payment arrangements when needed. The F3HK intervention trial incorporates modest adaptations to the traditional CSA model in order to make participation feasible for low-income families. Despite these adaptations, additional support may be needed to promote full participation and enhance produce use.

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NP20 Feasibility of the SWITCH™ Implementation Framework for Enhancing School Wellness

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Objective: There is a need to identify strategies that enhance the implementation of evidence-based school wellness interventions in real-world settings. The present study evaluates the feasibility of empowering school wellness leaders to deliver an evidence-based, childhood obesity-prevention initiative called SWITCH™ (School Wellness Integration Targeting Child Health). We specifically evaluated the utility of a new implementation process, based on the robust Healthy Youth Places (HYP) framework, to increase capacity of school leaders to lead SWITCH™ school wellness programming.

Description: The implementation process was piloted in a convenience sample of eight Iowa elementary schools. Teams of three leaders from each school attended an in-person school wellness conference, followed by five online webinar sessions delivered by two trained facilitators. The capacity building and quality improvement process was designed to empower schools to lead school wellness change using methods and concepts from the original 12-week SWITCH™ program. School coordinators completed checklists on two occasions to assess overall school-level implementation as well as setting-level changes in physical education, classrooms, and lunchroom. Student acceptability of SWITCH™ was evaluated by the degree of behavior tracking within the online SWITCH™ “Tracker” system that promoted self-monitoring.

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