NP18 (continued)

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.

Continued on page S116

NP20 (continued)

Evaluation: All school staff reported satisfaction with the SWITCH™ implementation process. Reports of school- and setting-level implementation were relatively high (2.0 to 2.8 on a 3.0-point scale) but student engagement (based on use of the online tracking system) varied greatly over time and across schools. Three high-implementation schools had average tracking rates exceeding 70% (range: 72–90%) while three low-implementation schools had rates lower than 30% (range: 0–23%).

Conclusions and Implications: This feasibility study supports the utility of the new implementation framework for promoting school and student engagement with SWITCH™. Further testing regarding effectiveness and scale-up of this evidence-based school wellness intervention is warranted.

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NP21 Foodmania: Effects of a Curriculum Using Media Literacy as the Catalyst to Improve Parent-Child Discussion and Food Behaviors

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Objective: To increase youth fruit and vegetable consumption by enhancing parent-child discussion of food marketing and food labels.

Description: The curriculum employs principles from the social-ecological model, social cognitive theory, and the message interpretation process model from communication. The working hypothesis was that youth consumption of fruits and vegetables is increased through improved family communication about food marketing and improved home food environments. The curriculum targeted parents and 9-to-14-year-old youth, tested in Washington State. Six units comprised 1 hour with youth and parents separately, followed by a joint session, based on the Strengthening Families model. Activity-oriented lessons emphasized parent-child communication skills surrounding media management in the home and critical discussion of media messages about food.

Evaluation: Two cycles of pre/post data collection employed a matched group design, along with focus groups. Analyses have included Bayesian and structural modeling, as well as qualitative and social media analyses. Controlling for pretest, results indicate that increases in child-initiated discussion and parent-facilitated critical discussion of media increased parental efficacy toward nutritional changes in the home. Parents' efficacy posi-

tively predicted discussion about, and use of, nutrition facts labels, which in turn improved the ratio of healthy-to-less-healthy food in the home. Additionally, for the intervention group, parents' use of negative mediation positively predicted youths' critical thinking toward advertising content. Critical thinking positively predicted youth reports of child-initiated discussion, which in turn predicted discussion of nutrition facts labels and youth consumption of fruits.

Conclusions and Implications: Media literacy-based nutrition education can help families communicate effectively about persuasive food marketing and credible sources of nutrition information. Children also benefit by initiating discussions about food and marketing. Low participation among Latino/a families despite their prevalence in the targeted communities indicates a need for culturally sensitive and linguistically appropriate programming.

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NP22 "Get Fruved": the RCT Year

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Objective: To describe the Get Fruved project through year 04.

Description: Get Fruved is a health promotion intervention utilizing Community Based Participatory Research (CBPR) to develop and test a social marketing and environmental change intervention to prevent unwanted weight gain among older adolescents. Initially this included college campus students and then transitioned to college students mentoring high school students with the aim of conducting the intervention at the high school level. The five-year project has five phases. In phases I-III the CBPR partnerships were forged, college intervention developed, college intervention feasibility/pilot tested, and a high school intervention developed. During Phase IV (year 04), the college intervention is being tested utilizing a cluster randomized controlled trial (RCT) at 31 intervention and 32 control colleges and the high school intervention is being feasibility/pilot tested at five schools from four states.

Evaluation: To date, 8,215 college students and 1,387 high school students have completed assessments. Prevention of unwanted weight gain is the primary outcome for the RCT, but since the intervention focused not on weight and instead on health-related behaviors associated with obesity prevention, numerous health-related behaviors were

Continued on page S117