P61 (continued)

Program Description: 10 Tips includes 2 independent nutrition education series (Series A: Choose MyPlate and Series B: Eating Better on a Budget), each consisting of four 30–60 minute lessons.

Evaluation Methods: Retrospective pre/post and follow-up surveys (6–8 weeks later) were completed by the intervention group. Baseline and follow-up surveys were completed online by a comparison group comprised of randomly selected SNAP recipients. Outcome variables, measured using a 5-point Likert scale, were treated as continuous for analysis. Longitudinal analysis was conducted comparing groups using linear mixed models controlling for food security and baseline value of the outcome.

Results: Intervention (n = 295) and comparison (n = 410) groups were demographically similar, but the comparison group had higher food insecurity and participation in assistance programs. Adjusted mean frequencies improved significantly among 10 Tips participants from baseline to follow-up for fruit consumption ($P < .001$ for both series), vegetable consumption ($P < .001$ for both series), choosing low-sodium options ($P < .001$ for both series), and comparing unit prices (Series A: $P = .001$; Series B: $P < .001$). No significant changes among the comparison group were reported. Mean frequencies reported by intervention participants were significantly higher than the comparison group at follow-up for all measures ($P < .001$).

Conclusions: Participants of 10 Tips, a 4-lesson series, reported significant improvements in healthy eating and shopping behaviors 6–8 weeks after the intervention, offering an attractive option to potential participants hesitant to commit to a longer program.

Funding: Supplemental Nutrition Assistance Program - Education.

P62 Impact Evaluation Results of Rethink Your Drink Nevada: A Campaign to Promote Healthful Beverage Choices Among SNAP Households

Megan Wahrenburg, MS, mwahrenburg@cabnr.unr.edu, University of Nevada, Reno, 1664 N. Virginia St. M.S. 202, Reno, NV, 89557; Chenin Treftz, PhD, RDN, University of Nevada, Reno; Deborah Joakimson, MS, DTR, University of Nevada, Reno; Deborah Jones, MS, University of Nevada, Reno; Elizabeth Christiansen, PhD, University of Nevada, Reno; Jamie Benedict, PhD, LD, RDN, University of Nevada, Reno

Objective: To evaluate the effectiveness of Rethink Your Drink Nevada (RYD), a multi-component campaign aimed at promoting healthful beverage choices and reducing intake of sugar-sweetened beverages (SSB) among young, school-age children.

Use of Theory or Research: The approaches of the RYD campaign reflect the principles of social marketing and the social ecological theory.

Target Audience: SNAP-eligible households with 1 or more children between the ages of 6 and 12 located in select Nevada counties.

Program Description: RYD includes a blend of education; marketing; and policy, system, and environmental (PSE) approaches designed to encourage parents/guardians to limit children's consumption of SSB and to provide more healthful beverages. A stoplight theme (also referred to as “whoa, slow, go”) was featured in all materials in FY 2019 as a way to convey the relative healthfulness of common drinks.

Evaluation Methods: An online survey was conducted with a random sample of SNAP households from 1 intervention county (Washoe County, n = 1000) and a comparison county where the intervention was not active (Clark County, n = 1000). A unique survey was used for the 2 groups but both surveys contained questions regarding knowledge and behavior related to SSB. The intervention county survey also included questions to assess respondents' self-reported exposure to each of the RYD components. Respondents received a \$10 e-gift card.

Results: The survey response rate was 7.5%, including 64 households from the intervention county and 86 households from the comparison county. The results showed that the intervention county respondents with moderate or high exposure to the RYD campaign more often limited their child's intake of SSB vs the comparison county ($P < .05$). In addition, the intervention group respondents (all exposure groups) had higher knowledge of whoa, slow, and go drinks vs the comparison county respondents ($P < .001$).

Conclusions: These findings suggest that the RYD campaign may be useful in changing behaviors and increasing knowledge related to SSB.

Funding: Supplemental Nutrition Assistance Program - Education.

P63 “Connecting all the Dots”: Exposure, Access, and School Culture in SNAP-Ed Nutrition Education Programs

Erin Cassar, PhD, ecassar@philasd.org, School District of Philadelphia, Office of Research and Evaluation, 440 N. Broad St, Philadelphia, PA, 19130; Servello Stavroula, MS, School District of Philadelphia; Fornaro Elisabeth, PhD, School District of Philadelphia; Catherine Tkatch, MA, School District of Philadelphia

Background: Schools are key spaces for promoting healthy behaviors vital for student achievement. School-community partnerships can deliver resources, but are hindered by challenges to organizational integration. This study examines collaborative efforts by 7 SNAP-Ed nutrition education community partners working within a large, urban school district.

Objective: The overall study provides an in-depth understanding of how SNAP-Ed partners collaborate with schools to address complex health problems. This paper provides insight into participant understandings of program components that might be included in shared measurement systems to achieve collective impact (Kania and Kramer, 2011).

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Study Design, Setting, Participants: The authors used case study methods in 19 urban public schools: 120 interviews with program and school staff, 7 student focus groups, and 91 school observations.

Measurable Outcome/Analysis: We coded data in Dedoose and met regularly to discuss emerging themes. Codes included the taxonomy of implementation outcomes (Proctor et al, 2010). This analysis draws from codes that focus on what program participants and staff see as the most successful and valuable parts of the program. We mapped our findings onto the Theory of Planned Behavior (Ajzen, 1991), which posits that before behavior can change, 3 factors must shift (attitudes, perceived behavioral control, and subjective norms).

Results: Participants indicated that the most important aspects of the program are “exposure” to new foods (attitude change), access to healthy foods (shift in perceived control), and school culture around health (change in subjective norms).

Conclusions: We propose creating a new conceptual model for evaluating SNAP-Ed programming in a school, particularly for Policy, Systems, and Environmental (PSE) work, that aligns outcomes to participants’ own understandings of program impacts. This model would capture changes in attitudes, perceived behavioral control, and subjective norms earlier in program implementation. These are vital to sustained behavior change but often overlooked when measuring nutrition interventions.

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P64 Fruit and Vegetable Prescription Program Improves Dietary Intake and Health Beliefs of At-Risk Pediatrics and Caregivers

Siew Guan Lee, MS, RDN, siewguanl@uidaho.edu, University of Idaho Extension, 630 Addison Ave W, Suite 1600, Twin Falls, ID, 83301; Annie Roe, PhD, RDN, University of Idaho Extension; Cammie Jayo, BS, University of Idaho Extension

Objective: Examine the effectiveness of a Fruit and Vegetable Prescription (FV Rx) program for at-risk children and caregivers.

Use of Theory or Research: Higher fruit and vegetable intakes have been associated with reduced risk of chronic disease. Growing evidence supports the use of FV Rx programs to improve fruit and vegetable consumption among participants. Additional research is needed to determine effects of such programs on pediatric patients and caregivers.

Target Audience: Pediatric patients deemed to be at risk of diet-related chronic disease, and their caregivers.

Program Description: Participants screened by clinicians were prescribed fruits and vegetables for 6 months (October 2018-March 2019). Caregivers received a FV Rx card (\$60 per month) to purchase produce at participating stores and were offered nutrition education and grocery shopping classes.

Evaluation Methods: Surveys were administered to collect demographic data; pre/post caregiver and child dietary intake; pre/post attitudes, beliefs, and health status (Likert scale); and overall experience participating in the program. Percent of participants reporting increased dietary intake or a positive shift on the Likert scale from pre-to post-program was recorded.

Results: Ninety-four dyads completed pre/post surveys (children: age 8.9 ± 5.0 , 50% males, 78.5% Hispanic). Most families (60%) were currently receiving or had received SNAP benefits in the past and used FV Rx cards once or twice a month (57%). Caregivers reported participating stores were easy to get to (88%), and they felt comfortable using the card (69%). Caregivers reported positive shifts in children’s dietary intake including fruits (62%), green leafy salad (56%), and beans (45%). More adults met the dietary guidelines for fruit (59%) and vegetable intake (25%) post-program vs pre-program (37% fruit, 6% vegetable). Caregivers (42-57%) also reported positive shifts in perceived personal and child health and diet status.

Conclusions: By increasing access and affordability of healthy foods through a FV Rx program in clinical settings, children and their caregivers can make positive shifts to improve dietary intake and health beliefs which may reduce risk of chronic disease.

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P65 Navigating Food Insecurity at College: Examining Student Experiences and Perspectives on Solutions

Tracey Thomas, DPH, CHES, thoma3tl@jmu.edu, James Madison University, MSC 4301 235 Martin Luther King Jr Way, Harrisonburg, VA, 22807; Jamie Williams, M.Ed., James Madison University; Lilliokanaio Peaslee, PhD, James Madison University; Livvy Call, BS, James Madison University; Jeremy Hawkins, BA, James Madison University

Background: There is growing awareness of food insecurity among college students, with several studies documenting its presence and recommendations for addressing it. The majority of studies are quantitative and fail to offer insight into how students view food insecurity and what they and their universities can do about it. This study provides that perspective.

Objective: To examine how students experiencing food insecurity make sense of, navigate, and recommend addressing it.

Study Design, Setting, Participants: An anonymous survey was administered at a Mid-Atlantic university using Qualtrics and elicited 1,283 responses (93.1% undergraduate; 6.9% graduate). Following the survey, three 90-minute focus groups were conducted with 13 students (84.6% undergraduate; 15.4% graduate) who self-identified as food insecure.

Measurable Outcome/Analysis: The 68-item survey included questions regarding students’ background, finances, and food security status (using the 6-item USDA-FSS Short Form survey). The 19-item focus group guide

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