P75 (continued)

use of nutrition education sessions that were appropriately tailored to a food insecure population, recipes included ingredients often found at the EFP, and serving as a peer mentor was an empowering experience. Peer mentors reported a sense of community, purpose, and camaraderie. Key challenges of the program were the lack of community member engagement in the nutrition education workshops.

Conclusions: Challenges continue to exist when delivering nutrition education within a community EFP setting. While the use of peer mentors to deliver nutrition education messages is promising, more research is needed to quantify the impact of using a peer mentor model in underserved and food insecure communities.

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P76 CUPS: A Teaching Unit Integrating Nutrition and Mathematics to Improve Primary School Children's Portion Size Estimation

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Background: Nutrition education programs at schools have improved children's dietary knowledge and behavior. However, crowded curricula mean teachers find it challenging to implement nutrition education as a stand-alone subject. Therefore, addressing this barrier by integrating nutrition with core subjects across the curriculum may be helpful.

Objective: The current study aimed to investigate the impact of a teaching unit on portion size estimation skills when nutrition is integrated within mathematics involving volume and capacity.

Study Design, Setting, Participants: A pilot randomised, controlled trial in 4 primary schools ($n=72$ children in Year 3 and/or 4) was conducted. The intervention group ($n=46$) received six 40-minute lessons about portion size, food groups, volume, and capacity utilising experiential learning with mathematics cubes and food replicas. The wait-list control group ($n=26$) continued their usual lessons on volume and capacity. Outcome measures were taken pre-intervention, immediately post-intervention and 4 weeks after intervention completion.

Measurable Outcome/Analysis: Relative estimation errors (%) for portion size estimation of several food replicas were calculated to compare students' answers to the actual volumes expressed as cubes. Linear mixed models were used to determine the impact of treatment group, time, and the group-by-time as fixed effects.

Results: Preliminary results showed a decrease in relative estimation error for the intervention group ($M=11.35$, $SE=9.90$), whereas the control group increased slightly ($M=2.48$, $SE=13.39$). This difference was not found statistically significant.

Conclusions: This trial uses a novel approach to teach students about serving sizes and estimation skills while incorporating learning outcomes from the NSW k-6 Mathematics Syllabus. The findings indicate that this integrated curriculum improved portion size estimation skills. However, significance of this result was not established in this small sample. Future cross-curricular nutrition education interventions and strategies targeting these skills should be conducted with a larger study population to further explore its potential impact.

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Nutrition Education Program Design Implementation and Evaluation

P77 Development and Validation of a Tool to Assess Top Campus Health Priorities of College Students

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Background: College campuses can provide students with a supportive environment for health behavior development. Thus, it is important to understand campus health priorities of students to ensure effective programming.

Objective: The purpose of this study was to develop a survey which college administrators can use to identify campus health priorities.

Study Design, Setting, Participants: The survey was developed as part of the larger Get Fruved project and included college community input, content experts, and college students.

Measurable Outcome/Analysis: Town hall meetings provided campus health priorities of college communities. A steering committee of health behavior researchers refined the priorities. Content and face validation were conducted using cognitive interviewing methods. A convenience sample of students from 60 colleges and universities was collected to measure reliability and provide top priorities.

Results: Twenty-nine campus health priorities were compiled from the town hall meeting attendees. The steering committee modified the list and added 7 additional priorities. A write-in option was added during content validation, and face validation revealed no major changes. A pilot sample ($n=8215$) took the final 31-item survey which provided high reliability ($\alpha=0.93$). The priority rated most important regardless of school geographic region, type, setting, or size was that free water should be available in all campus facilities. Other top campus health priorities included safe and accessible walking and