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biking routes, equal pricing for healthful foods, and more available healthful food options. Among the least important priority was to require first-year and transfer students to take a wellness course.

Conclusions: This process provided a tool that was well developed and validated for college campuses to use to improve health promotion activities. Because free water availability was deemed the most important priority regardless of school characteristic, additional exploration is warranted to understand why and what improvements college campuses can make.

Funding: NIFA.

Nutrition Education Program Design Implementation and Evaluation

P78 Low-Income Adults Enrolled in a Cost-Offset, Community-Supported Agriculture Intervention are not Nationally Representative

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Background: Cost-offset, Community-supported Agriculture (CO-CSA) is a model in which low-income households receive subsidized shares of a local farm's harvest. The goal is to address diet and health disparities among a population with historically poor access to and consumption of healthy foods. The appeal of such an intervention, and thus its reach, is limited to a self-selected sub-sample of the low-income population that may be non-representative.

Objective: To compare characteristics of CO-CSA enrolled adults from low-income households with those of a nationally-representative sample of low-income adults. We hypothesized that CO-CSA enrollees would be less demographically diverse, have greater nutrition-related knowledge, and report better health than the national sample.

Study Design, Setting, Participants: CO-CSA enrollee data were drawn from the baseline survey of a multi-state randomized controlled trial testing the CO-CSA model in conjunction with nutrition education among low-income households with children in Vermont, New York, North Carolina, and Washington (n=305). Those data were compared to a nationally-representative sample of low-income adults from households with children evaluated via the National Health and Nutrition Examination Survey (2007-2010).

Measurable Outcome/Analysis: Descriptive statistics for demographic, food security, nutrition knowledge, and self-reported health status data were generated using SPSS for both samples.

Results: Compared to the national sample, a greater proportion of CO-CSA enrollees were female (97% vs 57%), white (76% vs 45%), highly educated (49% vs 7% college graduates), and food insecure (57% vs 49%); a smaller proportion were Hispanic (6% vs 34%). A greater proportion of CO-CSA enrollees knew the daily recommendation for fruits and vegetables (3-5 cups; 61% vs 16%) and reported being in good or excellent health (34% vs 25%).

Conclusions: Differences between the CO-CSA and NHANES samples may be related to the CO-CSA study sampling frame (English-speaking households in certain regions of the U.S.). Results support continued exploration into whether CO-CSA and other local food system interventions have the potential to reach beyond female, white, educated, and nutritionally-knowledgeable segments of the target population.

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Nutrition Education Research Methods

P79 Visceral Adiposity Index is a Better Predictor of Type 2 Diabetes than Body Mass Index in the Qatari Population

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Background: The prevalence of type 2 diabetes (T2D) has increased recently in Qatar. Body mass index (BMI) is a predictor of T2D in many populations. However, BMI is based on height and weight measurements and not on body adiposity. Therefore, the utility of BMI for predicting the risk of T2D has been questioned, and visceral adiposity appears to be a better predictor of T2D.

Objective: This study aimed to assess the relative effectiveness of visceral adiposity index (VAI) and body adiposity index (BAI), in comparison with BMI, for T2D among Qatari adults.

Study Design, Setting, Participants: A random sample of 1103 adult Qatari nationals over 20 years old were included in this study; this data was obtained from the Qatar National Biobank.

Measurable Outcome/Analysis: We performed a multivariate logistic regression to examine the association between VAI, BAI, BMI, and T2D, and computed z-scores for VAI, BAI and BMI.

Results: VAI z-scores showed the strongest association with the risk of T2D (OR, 1.44; 95% CI: 1.24–1.68) compared with the z-scores for BAI (OR, 1.15; 95% CI: 0.93–1.43) and BMI (OR, 1.33; 95% CI: 1.11–1.59). Subgroup

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