

P25 FIT (Food Initiative Taskforce) for Kids: A Model for Garden-based Nutrition Education Programming

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Objective: FIT for Kids is a garden-based nutrition education program that uses a systems approach to create sustainable change in food and lifestyle choices, targeting SNAP-ed eligible clientele. Hands-on lessons directly address four major barriers to healthy food access.

Target audience: The target audience is youth ages 11 to 17 years old from under-served neighborhoods who take part in a summer learning program.

Theory, Prior Research, Rationale: The FIT for Kids program is based on a learning model proposed by Alfred Bandura, that self-efficacy experiences lead to sustainable change. The FIT model develops a supportive environment that allows participants to experience The Eight Discoveries of Self-Efficacy (8 identifiable experiences that contribute to lasting change) in many different contexts.

Description: The FIT model uses a unique systems approach that focuses on creating experiences of self-efficacy as participants gain knowledge and skills in growing and preparing healthy food within a supportive community setting. Participants become advocates for good nutrition and a healthy food system in their communities. The program is designed to encourage The Eight Discoveries of Self-Efficacy, which are measurable indicators of sustainable change.

Evaluation: The evaluation results (based on retrospective surveys) for the past 3 years will be presented, and examples of successful program implementation will be shown on a powerpoint presentation and video.

Conclusions and Implications: The implications of a systems approach based on empowering experiences within a supportive community for nutrition education will be discussed. The FIT model provides a strategy to address barriers that prevent access to healthy food through supporting sustainable personal and community change.

Funding: Supplemental Nutrition Assistance Program - Education.

P26 Smiles for Families: Integrating Dental Messages into Nutrition Education

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Objective: To explore the integration of dental messages and tools into existing community classes delivered by family nutrition program (FNP) staff to limited resource adults.

Target audience: Community settings with primarily females with young children living at home.

Theory, Prior Research, Rationale: Nutrition educators are part of the social-ecological model, and help connect families with healthcare providers.

Description: A set of 6 experiential activities and handouts were integrated into FNP lessons focusing on 5 key

dental messages: talking to their family about caring for teeth, choosing foods that are healthy for their teeth, reducing sugar-added drinks, flossing and brushing teeth. Participants received small incentives to reinforce dental messages, such as 2-minute timers.

Evaluation: Changes in dental health practices in the home environment over 8 weeks. Post evaluation survey (n=328).

Conclusions and Implications: More than half of participants reported improved dental health habits in all 5 target dental health habits. FNP participants drank less sugar-added drinks (53%), chose a greater amount of foods that are healthy for teeth (63%), talked more to their families about caring for their teeth (57%), and brushed (55%) and flossed (51%) on a regular basis. Additionally, as a result of FNP, 33% of participants reported that they visited a dental professional and 19% took their child to a dental professional (52% not applicable). Researchers concluded that dental health messages are relevant to the needs and interests of most limited resource participants in FNP, and improved dental health habits for individuals and their families.

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P27 Starting Early: Primary Care-Based Obesity Prevention Beginning in Pregnancy

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Objective: Reduce early child obesity by improving parent feeding styles and practices with a primary-care based prevention program beginning in pregnancy.

Target audience: Low SES Latina pregnant women, mother-infant dyads.

Theory, Prior Research, Rationale: The high prevalence of obesity in young children, especially among low socioeconomic status (SES) and Latino groups, highlights the need for preventive interventions beginning early in life. Parent feeding styles and practices produce dietary patterns, present by age 2 years, that promote obesity. Women and children are seen frequently for primary care during pregnancy and the first years of life; representing an opportunity for intervention. Primary care interventions have improved parenting, child development and injury prevention; but have not been tried for early obesity prevention. Starting Early (SE) uses elements from other interventions to improve feeding styles and practices.

Description: Randomized controlled trial comparing SE to standard care. Enrollment of 500 pregnant women in third trimester from prenatal clinic in an urban hospital clinic; intervention through child age 3 years. Three main components of SE: 1) individual, group nutrition counseling coordinated with every primary care visit, 2) nutrition video developed by area WIC provider, 3) low