discount on groceries and tracked purchases during the three-month baseline and six-month intervention periods. The primary outcome was change in weekly spending on FV from baseline to follow-up in intervention and control groups. We also compared changes from baseline to follow-up in daily servings of FV among parents and children using a 135-item food frequency questionnaire. A baseline survey asked about the household’s participation in the Supplemental Nutrition Assistance Program (SNAP), income, and food insecurity. Subgroup analyses compared intervention effects by SNAP participation.

**Evaluation:** At baseline, half of participants reported food insecurity. Overall, 52% were income-eligible for SNAP, and 32% participated in SNAP. Cooking Matters participation was low (11%). Compared to control, the intervention group increased weekly spending on FV by 23% ($2.23, 95% CI = $1.00, $3.46); among SNAP participants, the intervention group increased weekly spending by 43% ($2.17, 95% CI = $0.84, $3.50). Preliminary analyses revealed no overall change in FV consumption among parents or children.

**Conclusions and Implications:** Supermarket financial incentives increase household purchases of FV among SNAP and non-SNAP participants, with no evidence of increased spending on other, unhealthful foods and beverages.

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**NP20 Starting Early: Expansion of a Primary Care-Based Early Child Obesity Prevention Program**

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**Objective:** Determine “Starting Early Program” (StEP) impacts on infant feeding practices and weight and develop expanded prenatal and pre-school StEP interventions.

**Description:** We conducted a randomized controlled trial testing the efficacy of StEP, a comprehensive early child obesity prevention program using prenatal and pediatric primary care to target low-income, Hispanic families. English/Spanish speaking pregnant Hispanic women were enrolled in the third trimester to standard primary care control group vs. StEP intervention group (prenatal/post-partum nutrition counseling, and nutrition and parenting support groups coordinated with well-child visits until child age three years). Expanded prenatal and preschool StEP curricula for women beginning in the first trimester and children aged 3-5 years were developed.

**Evaluation:** Intervention outcomes assessed at child age 3, 10, 19 months and 2, 3, 4 and 5 years. Maternal infant feeding and activity practices assessed using 24-hour diet recalls and validated surveys. Measured child weight for age z-scores (WFAz) determined from CDC growth charts. Intent to treat analyses and within group analyses for intervention dose impacts were conducted. We randomized 533 low-income women into the original trial. 88%, 78%, 74%, 76% and 75% of mother-infant pairs completed assessments at 3, 10, and 19 months, and 2 and 3 years. Intervention pairs had healthier feeding and activity practices (more exclusive breastfeeding, tummy time; less cereal in the bottle, excess milk intake and non-responsive feeding styles). By age two, intervention group infants had lower WFAz than controls (0.62(1.11) vs. 0.85(1.17); P = .046). Median number of sessions attended was 7.0(SD3.5)/12. High attendance reduced the odds of being overweight (AOR 0.42, P = .02). To date, a new expanded prenatal cohort is being enrolled in the 1st trimester (goal n = 200); 309 pairs from the original cohort enrolled for continuation, 4- and 5-year assessments on-going.

**Conclusion and Implications:** StEP intervention infants had healthier feeding practices and lower weight at two years, with dose dependent reduction in overweight. Findings demonstrate a scalable system to potentially augment obesity prevention in primary care for at-risk families.

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**NP21 Advancing and Expanding HomeStyles: Shaping HOME Environments and LifeSTYLES to Prevent Childhood Obesity**

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**Objective:** This multi-disciplinary, multi-institutional, multi-state, integrated research, education, and extension project will advance and expand the progress of HomeStyles toward reducing risk of childhood overweight and obesity.

**Description:** HomeStyles, an in-home family intervention, enables and motivates parents to shape home environments and weight-related lifestyle practices to prevent childhood obesity. Segment one of HomeStyles focused families with preschoolers (ages 2-5). A dissemination feasibility study was launched to determine how to effectively diffuse the innovations of the evidence-based HomeStyles-Segment one intervention to parents of children in preschool/daycares. The creation of a novel, culturally-competent HomeStyles-Segment two responsive to the developmentally unique needs of middle childhood (6-11 years) is in development for delivery online and in face-to-face SNAP-Ed sessions. Further, this project continues to build the expertise of the next generation of nutrition and health education professionals in creating effective childhood obesity prevention programs through formal coursework and hands-on practicums.

**Evaluation:** The dissemination feasibility study for Segment one includes pre/post surveys completed by a key