**Title**: Remote Learning due to COVID19 Improves Family Behavior Intervention Delivery in Youth with Obesity

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**Introduction**: The Healthier Together family behavioral intervention previously showed improved metabolic function in pre-diabetic children with obesity in a clinical setting. In response to the COVID19 stay home order, the program transitioned into a remote online learning format. A process evaluation assessed feasibility of continued participation and fidelity of program content. **Methods**: One female and four male children (13y±1.7years) were enrolled. Nutrition, cooking and fitness behavioral sessions were delivered to families in a clinic setting prior to COVID-19, and remotely during COVID19. Number of sessions delivered, participant retention and attendance, program fidelity including verbal self-report of nutrition and fitness goals, activities and accomplishments were evaluated. Clinical and remote sessions were compared for quality, diversity and creativity. **Results**: Percentage of remote learning sessions delivered (89%) surpassed clinical sessions (67%). One participant was loss to follow-up prior to COVID19. Four participants were retained during remote delivery in response to COVID19. Clinical attendance rates were similar (70% vs. 63%). Remote learning sessions were tailored to align with stay home orders, and promoted increased participant retention, maintained fidelity, and improving quality and diversity of behavioral and educational content. **Conclusion**: Remote learning format transition improved intervention delivery, retention and content while maintaining fidelity. The Healthier Together program increased its capacity to improve metabolic health in pre-diabetic children with obesity through remote learning during COVID-19. Future studies should consider remote learning formats as feasible surrogates for traditional clinic-based family behavioral programs in youth with obesity.