01 Dietary Patterns Among Children Birth to 23 Months of Age, NHANES 2009-2014

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Objective: Early dietary patterns can have long-term health consequences. This study describes the dietary patterns among US children < 2 years and consistency with current recommendations including breastfeeding and foods/drinks to encourage or limit.

Study Design, Setting, Participants, Intervention: Data from the National Health and Nutrition Examination Survey 2009-2014.

Outcome Measures and Analysis: The proportion of children $\leq$ 23 months who consumed different food groups and liquids/beverages on any given day by age and race/Hispanic origin were estimated.

Results: Among children < 6 months, 42.9% [95% Confidence Interval (CI): 37.0%, 49.1%] consumed breast milk; 70.5% (95% CI: 64.9%, 75.6%) formula; and 21.1% (95% CI: 17.1%, 25.8%) grains on a given day. More than half of children 6 to 11 months (57.4%, 95% CI: 52.0%, 62.6%) consumed a vegetable; whereas, less than half of children in the second year of life did. Compared to children 6 to 11 months, the proportion in the second year of life consuming snacks and sweets more than quadrupled (~13% vs. ~60%). Among children $\geq$ 6 months, non-Hispanic whites were less likely to consume fruits and vegetable and more likely to consume 100% juice and sugar sweetened beverages than non-Hispanic black and Hispanic children.

Conclusions and Implications: Dietary patterns among children < 2 years differed by age and race/Hispanic origin. Programs and policies could impact the dietary patterns of young children by providing support for mothers to breastfeed as well as ensuring consistent messages from pediatricians and other nutrition support programs on issues like timing of food introduction, important first foods, and food groups to encourage.

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02 Adherence to the Satter Division of Responsibility in Feeding Can Predict Child Nutritional Risk

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Objective: Assess if parental adherence to the Satter Division of Responsibility in Feeding (sDOR) predicts nutrition risk in pre-kindergarten children.

Study Design, Setting, Participants, Intervention: Baseline measures from outcomes assessment of NEEDS

for Tots, an early childhood curriculum based on sDOR tenets, were completed online by predominately lower income parents of children 3-5 years old.

Outcome Measures and Analysis: Adherence to sDOR was examined by the observationally validated Satter Feeding Dynamics Inventory (fdSI); child nutrition risk was assessed with NutriSTEP, and eating competence (EC) was measured with ecSI 2.0. Independent samples t-tests compared fdSI calculation and NutriSTEP score by EC and SNAP participation. Linear and logistic regression models measured the association between fdSI and NutriSTEP controlling for sex, race, SNAP participation and EC.

Results: Parents (n=44) were young (30.2 ± 6 . y) female (96%), predominantly black (65%), and SNAP participants (66% current or past year); 57% were EC. NutriSTEP mean score was 18.9 ± 6.4 with 59% of children at low nutrition risk, 30% at moderate and 11% at high nutrition risk. fdSI calculation and NutriSTEP score did not differ by EC or SNAP participation ($P > 0.05$). fdSI calculation and NutriSTEP score were inversely associated ($p=0.002$), and each 1-unit decrease in fdSI predicted a higher nutrition risk category (OR= 2.47, 95% CI: 2.28-2.65, $P=0.006$).

Conclusions and Implications: Parental adherence to the sDOR is associated with lower child nutrition risk and independently predicted category of nutrition risk. Interventions that enhance caregiver adherence to sDOR may improve child nutrition status.

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03 Mealtime Video-Capture Indicated Construct Validity for Measure of Adherence to Satter Division of Responsibility in Feeding

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Objective: Examine construct validity of the Satter Feeding Dynamics Inventory (fdSI) to measure adherence to Satter Division of Responsibility in Feeding (sDOR).

Study Design, Setting, Participants, Intervention: In-home observational study with children 2 through 5 years and parents during a meal experience video-captured by an experienced videographer. One parent completed the 15-item Likert scaled fdSI during a preparatory home visit 2-3 days prior to video-capture.

Outcome Measures and Analysis: Demographic, eating behavior, and ASA24 diet assessments were completed online before home visits. Three sDOR experts independently viewed selected five-minute video segments in a coder-specific order to project parent responses to 13 fdSI items. Parent and congruent coder responses were compared according to a predetermined rubric.

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