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compared to 20.4% with medium acculturation and 6.8% with low acculturation ($P < .009$).

Conclusions: Findings suggest that Americanized Hispanic adolescents consume more standard American foods and fewer meals prepared at home. Future investigations should explore the impact of acculturation on diet quality among other ethnicities and evaluate culturally appropriate interventions in the US.

Funding: USDA.

Food and Nutrition Policy

P114 The Potential Impacts of Childhood Experiences of Forced Eating on Vegetable Consumption Among Korean Young Adults

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Background: Previous research has highlighted that forced eating might lead to a long-lasting food rejection. Vegetables are the most common subject of forced eating due to their sensory bitterness, causing an instinct-guided rejection. Currently, unbalanced diet with insufficient vegetable consumption is being recognized, particularly among young adults. This problem appears to be associated with multi-dimensional factors but might also be related to experiences of forced eating.

Objective: This study aimed to explore the potential impacts of childhood experiences of forced eating on vegetable consumption among Korean young adults.

Study Design, Setting, Participants: An online survey was conducted from February 1824, 2020 among Korean young adults in their 20s. Out of 1277 responses, 461 (36.1%) responses reporting to have experienced forced eating were analyzed.

Measurable Outcome/Analysis: Descriptive statistics were calculated, and significant differences in vegetable consumption (ie, vegetable preference, vegetable acceptance, and perceived daily intake of vegetables) were measured according to experiences of forced eating.

Results: Forced eating occurred mostly when they were elementary school students (57.2%), and preschool children (21.2%). It happened mostly frequently at home (51.0%), followed by schools (26.5%). Respondents mostly identified parents (50.1%), followed by school teachers (26.0%) as authority figures involved in forced eating. Approximately 41.0% of them were still not able to eat the target foods of forced eating, and 44.2% acknowledged its negative impacts on their current dietary habits. Among the target foods of forced eating, vegetables were most prevalent (57.9%). Vegetable preference, vegetable acceptance, and perceived daily intake of vegetables tended to be significantly lower when they had experiences of forced eating.

Conclusions: This study implies that childhood experiences of forced eating could make negative impacts on

future dietary habits related to vegetable consumption. Despite some limitations, it may shed light on the importance and necessity of preventing forced eating during childhood and intervening its negative impacts on dietary habits.

Funding: The National Research Foundation of Korea.

Nutrition Across the Life Cycle

P115 Breastfeeding Peer Counselors: Support Mothers Can Trust

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Objective: The Flint water crisis left many mothers of all income levels with limited trust in outside resources. With the support of the Greater Flint Community Foundation, a peer counselor was hired to support breastfeeding mothers. A peer counselor is a local mother representative of the community who has already developed trust within the community. This study looks at the effectiveness of community-funded breastfeeding peer counselors representative of their communities.

Use of Theory or Research: One of the most highly effective preventative measures a mother can take to protect the health of her infant is to breastfeed. In the US, 81% of babies initiate breastfeeding; 22% are exclusively breastfed 6 months later. According to the CDC, peer support programs are effective in increasing initiation, duration, and exclusivity of breastfeeding. Peer counseling is rooted in the theory of reasoned action which recognizes the influence of peers on individual behavior. Breastfeeding peer counselors help to normalize breastfeeding within their own community.

Target Audience: Pregnant and breastfeeding women who reside in Flint, Michigan.

Program Description: The peer counselor provided evidence-based education and support to increase initiation, duration, and exclusivity. The peer counselor educated, supported, and encouraged women to continue breastfeeding exclusively for 6 months and continue until at least 1 year of age. The peer counselor conducted home visits and was available during evenings and weekends. The number of visits varied depending on the needs of the mother. If possible, at least 1 visit was completed prenatally and minimally 1 visit within the first week after delivery. Additional contacts were provided through home visits, phone calls and FaceTime during the immediate postpartum period when one-on-one support for initiation of breastfeeding is critical.

Evaluation Methods: Women were recruited through referrals from a variety of community agencies that work with families in the city of Flint. Demographic (age, race, ethnicity, income), initiation, duration, and exclusivity information was collected from all participants who enrolled in program.

Results: Fifty presentations on benefits of breastfeeding reached 547 families between September 2018 – September

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2019. Of the 103 mothers enrolled in the program, 98% initiated breastfeeding and 76% were still breastfeeding at 6 months.

Conclusions: Home visiting peer counselors were effective in promoting breastfeeding success in mothers in Flint. Many participants mentioned the importance of the peer counselor being a trusted mother representative of their community. This strategy should continue to be utilized and expanded to improve breastfeeding rates.

Funding: Greater Flint Community Foundation.

Food and Nutrition Policy

P116 Serving Their Needs: Nutrition Policy Implementation in the Early Care and Education Setting

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Background: Childhood obesity is a growing problem in the United States and results in increased risk for chronic diseases such as diabetes, heart disease, and hypertension. Thirteen percent of youth in Georgia are obese. Identifying strategies to assist children in establishing healthy habits is essential to reduce the risk of childhood obesity. The Early Care and Education (ECE) setting is ideal for the implementation of obesity prevention practices. However, there are barriers present for implementing nutrition policies in this setting.

Objective: The aim of this qualitative study was to explore the implementation of food and beverage best practices in the ECE setting and highlight barriers and facilitators to adopting these policies.

Study Design, Setting, Participants: The study sample included ECE teachers in Georgia serving children ages 0-5. A randomized, stratified sample of facilities was selected. Researchers conducted 24 interviews and 6 focus groups with ECE program directors and teachers in 6 regions in Georgia. A trained qualitative researcher facilitated focus groups and interviews.

Measurable Outcome/Analysis: Data were audio-recorded and transcribed verbatim. Qualitative data analysis software, NVivo 10, was used to code data and identify emergent themes.

Results: Several key themes related to barriers against food and beverage policy implementation emerged, including the need for enhanced parent communication, resources to limit juice consumption, and support to decrease food costs. Facilitators of nutrition policy implementation included ease of access to water, children's preferences for fruits and vegetables, and availability of

existing nutrition resources. Findings will inform the development of resources to support nutrition policy implementation as well as policy training for ECE teachers in Georgia.

Conclusions: Study findings may provide insight about how to improve current resources and develop new strategies to promote adoption and implementation of nutrition policies in the ECE setting.

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Nutrition Across the Life Cycle

P117 Household Food Insecurity Does Not Predict Weight-Related Outcomes in a Low-Intensity Childhood Obesity Treatment Program

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Background: Food insecurity (FI) has been paradoxically associated with childhood obesity. Little research has examined whether FI influences response to childhood obesity treatment.

Objective: Conduct a secondary analysis examining effects of household FI status on weight-related outcomes among children participating in a low-intensity obesity treatment program delivered at a federally qualified health center (FQHC).

Study Design, Setting, Participants: Two 6-month family-based programs targeting energy-balance behaviors were implemented. One program targeted caregiver and child behaviors, while the other targeted child behaviors only. Children 4-10 years, body mass index (BMI) ≥ 85 th percentile, receiving integrated primary care at the FQHC, and with a female caregiver were randomized to 1 of the 2 programs. The program consisted of alternating monthly in-person meetings and phone calls delivered by a licensed behaviorist in primary care.

Measurable Outcome/Analysis: Household FI status at 0 months was determined by the U.S. Household Food Security Module. At months 0 and 6, measured anthropometrics were used to calculate BMI z-score (zBMI), and energy intake (EI) was assessed via three 24-hour dietary recalls. Regression analyses, controlling for randomization and 0-months zBMI or EI, examined if FI status predicted post-intervention zBMI or EI. Repeated measures controlling for the randomized group examined the main effect of time on zBMI and EI.

Results: Sixty-six children (8.2 ± 1.8 years, 59% male, 91% White, 77% Hispanic/Latino, 35% FI) were included

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