O18 (continued)

64% were receiving the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits. Caregivers resided in the US 13.6 ± 4.4 years, and 88% spoke Spanish only or Spanish better than English.

Results: Four themes were identified: Preferred Content of Nutrition Information (subthemes: Wanting to Know What Foods are Healthy for the Child, Desire to Learn Feeding Strategies for Vegetables), Delivery Methods (subthemes: Digital Messages: Videos, Texts, and Social Media; Printed Information; In-Person Nutrition Classes; Recipes), Educators as Sources of Nutrition Information, and Cultural Customs and Family Feeding. Caregivers indicated a desire to receive nutrition education via printed methods, in-person classes, and text messages. This group also asked for detail about how foods nourish preschoolers, as well as strategies and recipes to make healthy foods - especially vegetables - appeal to children.

Conclusion: Themes that emerged show nutrition content preferences are focused on vegetable feeding strategies as well as providing clarity about what foods are healthy for preschoolers. Delivery methods themes reveal that a multi-pronged approach is key to meeting this population where they are - electronically, in person, and in print.

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O19 A Mindful Parenting Intervention for Obesity Prevention in Early Childhood

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Background: Limited evidence exists on how the quality of maternal-child interactions influences preschoolers' eating and physical activity (PA) behaviors and environments and, ultimately, growth. A 6-week, mindful parenting intervention was developed to facilitate positive parent-child interactions during mealtimes and PA. The intervention targeted families with limited resources and was implemented with 33 mothers (35% Hispanic) of preschoolers living in rural, northeast Colorado.

Objective: To qualitatively describe parents' experiences with a mindful parenting intervention, perceived changes to parent-child interactions during mealtimes and PA opportunities, and the feasibility of the intervention.

Study Design, Setting, Participants: Thirty program participants were invited to participate in post-intervention focus groups ($n = 4$ groups; $n = 18$ participants) and individual interviews ($n = 26$) in the Spring of 2020.

Measurable Outcome/Analysis: Recordings were transcribed verbatim and uploaded into NVivo v12. Group coding was used to train coders and establish coder consensus. Three trained coders independently analyzed

transcripts utilizing a directed content analysis approach to understand how mindful parenting concepts were utilized by caregivers to facilitate positive parent-child interactions.

Results: Parents described utilizing key aspects of mindful parenting within the mealtime and PA contexts. They found program content "easy to understand" and implement in their daily routines. Parental focus and presence, and non-judgmental acceptance of child emerged as key themes. For example, parents described employing skills such as asking questions and listening intently to understand their preschooler's point of view. These strategies subsequently resulted in less stressful interactions with their preschooler.

Conclusion: A mindful parenting approach to promote quality parent-child interactions during mealtimes and PA was feasible and well accepted. Strategies related to mindful parenting were reported to positively influence how parents engaged with and communicated with their preschooler. Parents reported developing a greater understanding of their preschooler and feeling less stressed about mealtime and PA interactions.

Funding: USDA.

O20 Family Child Care Home Menu Quality: Happy Healthy Homes Baseline

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Background: There is limited understanding of nutrition quality of food served in Family Child Care Homes (FCCH).

Objective: Describe FCCH menu quality by examining nutrients, variation in foods served, and compliance with Child and Adult Care Food program (CACFP) meal pattern requirements and best practices.

Study Design, Setting, Participants: Cross-sectional analyses of a randomized controlled baseline characteristics of FCCH providers caring for children ages 2-to-5 years, participating in the CACFP, and residing in and around the Oklahoma City metropolitan.

Measurable Outcome/Analysis: Daily nutrients were calculated across 1 week's menu using Food Processor. Nutrients were compared to two thirds Dietary Reference Intakes (DRIs) values for key macro and micronutrients. Menu variety was quantified using frequencies of different exposures to fruits, vegetables, high sugar, and high fat foods across the week's menu. Compliance with 2017 CACFP meal pattern requirements and best practices was determined using a measurement index.

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O20 (continued)

Results: The majority of the 49 FCCs menus' nutrient exceeding two thirds of DRI. However, the energy, total fiber, vitamin D, and iron content of menus for children ages 4 to 8-years was less than two thirds of the DRIs. The average number of different exposures to fruit, vegetables, high sugar, and high fat food categories per week were 7.1, 5.5, 0.9, and 3.8, respectively. Average CACFP score percentages for meal pattern requirements, best practices, and total score were 65.9%, 66.8%, and 66.3%, respectively.

Conclusion: Menus met several nutrient recommendations, are high in variety, and met the majority of CACFP requirements and best practices, which is desirable for children's health. Menus indicated a variety of nutrient-dense and high-quality foods are served in these FCCs. Quality of menus can be improved by reducing sodium and saturated fat and increasing total fiber, vitamin D, and iron; increasing fruit and vegetable variation; and increasing compliance with CACFP requirements and best practices.

Funding: USDA.

Food Security

O21 Food Security Enhancement Strategies Used by Abruptly Unemployed Health Care Personnel During the COVID-19 Pandemic

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Background: The pandemic-related unemployment spike placed middle income households at higher risk of food insecurity. Suspension of all elective surgical procedures and delays in processing of unemployment claims resulted in many Kentucky health care personnel abruptly experiencing financial uncertainty.

Objective: We explored the experience of abrupt food insecurity in households with at least 1 unemployed health care provider and identified strategies used to provide nutrition for household members during the pandemic. The Theory of Planned Behavior's perceived behavioral control construct was used to guide analysis.

Study Design, Setting, Participants: In November 2020, virtual semi-structured interviews via Microsoft Teams or telephone were conducted with nurses and nurse practitioners (n = 8) who were recruited via print advertisement in the state board of nursing's quarterly publication. Inclusion criteria included unemployment specifically in response to COVID pandemic restrictions on hospital procedures during March-June of 2020. Each interview lasted 45-60 minutes and participants received reimbursement for their time.

Measurable Outcome/Analysis: NVivo software was used to analyze themes. Two qualitative nurse researchers used the Spiegelberg 3-step process of intuiting, analyzing, and describing.

Results: Food security strategies that emerged from the interviews included stockpiling, reprioritization of household budget items, food preservation, changes in cooking techniques, shared responsibility for meals, creative employment opportunities, and the purchase/preparation of calorie-dense, nutrient-poor foods.

Conclusion: Abrupt unemployment of U.S. health care personnel, whose employment is usually less sensitive to supply-demand fluctuations, and the projected post-pandemic rise in food costs necessitate preparation for future shifts in employment status. Adaptive strategies used to enhance food security in these individuals have the potential for both positive and negative impact on health outcomes. While health care personnel reported some responses as beneficial to health, the perceived need to purchase and prepare calorie-dense foods reflects the fear of food insecurity. Most food security interventional programs target households with lower incomes and/or those receiving supplemental food assistance. The strategies implemented by these health care providers can inform existing and new food security programs.

Funding: None.

O22 Food Insecurity and Opportunities for Interventions: Perspectives of American Indian Elders from an Urban Health Care Clinic

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Background: Food insecurity can negatively impact chronic disease management. Older adults often have more nutrition-related chronic disease and barriers to healthful eating such as unreliable transportation and living on a fixed-income. Urban American Indian (AI) serving clinics provide a trusted source of care for American Indian elders and services to mitigate food insecurity among American Indian elders are warranted.

Objective: The objective of this study was to explore the perspectives of AI elders living in 1 large city regarding locally available food insecurity resources and opportunities for the urban clinic to expand food insecurity support.

Study Design, Setting, Participants: Qualitative individual interviews with AI elderly (≥60 years old) patients from an urban AI clinic. Participants (n = 24) engaged in 1 30–90-minute telephone interview. Participants were recruited by clinic staff.

Measurable Outcome/Analysis: One researcher conducted all interviews using a semi-structured moderator guide with probes. "Scenario-based" questions were included to obtain interviewee responses to each scenario. This approach was intended to de-stigmatize food insecurity for participants who may have felt shame in sharing their own experiences with food insecurity.

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