P53 (continued)

Conclusion: Current protein food consumption patterns among US adults were highest from meat, poultry, and seafood rather than plant proteins. While animal-based intakes were slightly lower in older age groups, intakes of plant-based protein sources remain low. Promoting plant-based protein foods may be challenging for many adults with low or absent intakes.

Funding: The Beef Checkoff.

P54 Cross-Sectional Examination of Dietary Quality and Mindful Eating Behavior Among Pregnant and Postpartum Women

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Background: As most lifestyle support during a females journey through motherhood happens in the pregnancy period, limited resources are maintained or promoted for postpartum (PP).

Objective: To assess dietary quality and mindful eating behaviors between pregnant and 1-year PP women to determine need of dietary support measures.

Study Design, Setting, Participants: An online anonymous cross-sectional survey was nationally distributed to currently pregnant and women within 1 year of giving birth.

Measurable Outcomes/Analysis: Data collected included demographics (age and rural or urban residence), descriptive statistics (pregnancy status, number of pregnancies and biological children, body mass index [BMI]), short Healthy Eating Index (sHEI; score 0-100), and likert item mindful eating behaviors (1 = strongly agree to 7 = strongly disagree; (Q1) "I trust my body to tell me how much to eat," (Q2) "I stop eating when I am full"). Wilcoxon rank sum tests were used to detect differences between pregnancy and PP among mindful eating behaviors. Linear regression was used to predict mindful behaviors while controlling for BMI and age.

Results: Women (n = 52) were between 20-34 years of age, 92.3% married, 98.1% White, 50% rural residents, a sHEI of 49.81 ± 10.31 , 70.6% were classified as overweight or obese, 82% moderately stressed (perceived stress score (PSS)), had average pregnancies of 2.06 ± 1.09 and had average of 1.64 ± 0.74 biological children. PP women were less likely to agree on mindful behaviors Q1 (pregnant: 1.82 ± 0.73 , 1-year PP: 2.60 ± 1.35 ; $P = 0.03$) and Q2 (pregnant: 2.29 ± 0.69 , PP: 3.54 ± 1.77 ; $P = 0.02$). PSS ($\beta = 0.40$, $P < 0.01$), pregnancy/PP group ($\beta = -0.34$, $P = 0.01$), number of biological children ($\beta = 0.43$, $P = 0.03$) and number of pregnancies ($\beta = -0.42$, $P = 0.04$) significantly predicted mindful behavior Q2 ($F(7,37) = 3.24$, $P = 0.01$).

Conclusion: Findings suggest the unique potential to improve self-efficacy of new moms regarding mindful eating behaviors. Promoting the practice of mindfulness has the potential to foster stress reduction and overall healthy lifestyle habits throughout the PP journey.

Funding: Institutional Start Up Funds.

P55 Food Security at a Private, Midwestern University During COVID-19

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Background: Food insecurity among college students has been estimated between 32.9% to 50.9% of students. Food insecurity among college students is associated with poor nutrition, higher stress levels, and poorer academic outcomes. First-generation, low-income, and students of color are at higher risk of food insecurity.

Objective: To assess food security at a private university during the COVID-19 pandemic.

Study Design, Settings, Participants: This cross-sectional study was conducted in Fall 2020 at a private, Midwestern university with approximately 5,400 students. Participants were recruited via email. An online survey was administered to 393 students, aged 18-53 years ($M = 20.69 \pm 4.07$). Participants were predominantly White (n = 338, 86%), US citizens (n = 383, 98%), majority female (n = 300, 76%), mostly undergraduate (n = 361, 92%), and 113 (29%) were first-generation students. Eighty-one (21%) participants reported living with a parent/guardian.

Measurable Outcome/Analysis: The USDA's 18-item Household Food Security Survey was used to assess food security. A total food security score was calculated, and participants categorized as high, marginal, low, or very low food security. A *t* test was performed to determine if a difference existed between food security scores for participants who were/were not first-generation students.

Results: Of the 393 participants, 199 (50.6%) reported high food security, 73 (18.6%) marginal, 51 (13.0%) low, and 70 (17.8%) very low. Based on the USDA classification, 69.2% were food secure while 30.8% were food insecure. First-generation students had significantly greater food insecurity ($M = 3.22 \pm 3.40$) than non-first-generation students ($M = 1.67 \pm 2.63$), [$t(169.27) = 4.37$, $P < 0.000$].

Conclusion: Food security among participants was higher than estimates for college students pre-COVID-19. One possible explanation is that more students may have been living at their permanent residences due to remote learning. First-generation students continue to be at high risk for food insecurity. Nutrition educators can collaborate with administrators and other stakeholders to provide resources to increase food security among students.

Funding: None.

P56 Home Food Access and Children's Heart Healthy Dietary Intake at Home and Child Care

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Continued on page S50

P56 (continued)

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Background: One-fifth of children and adolescents have an abnormal serum cholesterol measure. Diets higher in plant-based foods and lower in sodium, sugar, cholesterol, and saturated fat reduce cardiovascular disease risk.

Objective: The purpose of this study is to determine if greater home access to fruits, vegetables, and snacks is associated with cardiac dietary health at home and Early Care and Education (ECE) centers in preschool-age children and also to determine if there is a difference in children's cardiac dietary health between home and ECE.

Study Design, Settings, Participants: This cross-sectional study involved children (3-5 years old, $n = 88$) and their primary caregivers from 15 licensed ECEs across Oklahoma. Parents reported home food access using the Healthy Home Survey and child's home dinner intake using the 3-Dinner Dietary Recall. Child ECE lunch consumption was recorded using the Dietary Observation for Child Care. The cardiac dietary score was composed of 6 variables, each with a single point to be summed: consumption of fish, fruits, vegetables, fiber, and limited sodium and sugary drinks.

Measurable Outcome/Analysis: Outcome variables were analyzed by using means, standard deviations, median, and frequencies. Adjusted linear regression analyses examined the relationship between home food access and cardiac dietary scores at home and ECE.

Results: At home, total fruit and vegetable (16.2 ± 6.3) outnumbered snacks (5.5 ± 3.0) with mean ratio of total home fruits and vegetables to snacks at 3.8 ± 2.7 . There was no difference in cardiac dietary score between ECE (1.50 ± 0.8) and home (1.27 ± 0.9 , $P = 0.0851$). Children within both environments did not meet intake recommendations for most variables (vegetables [18.2-23.9%], fruit [5.7-10.2%], fish [4.5-10.2%], fiber [1.1%], sodium [21.6-38.6%]). There was no relationship between home food access variables and cardiac dietary scores at home or ECE.

Conclusion: The cardiac dietary health of children at home and ECE does not meet recommendations. Interventions might consider the ECE setting to promote healthy eating among children and educate families on healthy eating at home.

Funding: None.

P57 MOTHERS' Project: Acceptability of a Medically Tailored Food Bag Treating Food Insecurity of High-Risk Pregnant Patients

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Objective: To develop a medically tailored emergency food bag and nutrition education handouts treating food insecurity (FIS) identified in clinical settings of rural, high-risk pregnant women.

Use of Theory: Grounded in the socio-ecological model

Target Audience: High-risk pregnant women who screen positive for FIS during an appointment.

Program Description: The MOTHERS' Project is a pilot to provide mental health and maternal-fetal services via telehealth to women with high-risk pregnancies in rural OB-GYN practices where FIS rates of 18-24% exceed the state average (15%). The funder requested FIS be addressed but the timeline precluded us from interacting with the target audience or reviewing clinic records. An extensive literature review identified 9 nutrients critical but commonly under consumed in pregnancy. Published food lists from USDA and NIH were used to select foods high in the target nutrients. An online local grocery store was used to select 31 foods within the budget. Three complementary handouts were developed (eg, healthy eating, recipes, food safety) in English and Spanish. The bag and educational materials were designed to complement WIC benefits, expecting women may also receive WIC. The food bag and handouts were evaluated by 18 practitioners and/or researchers with expertise with rural, under-served pregnant women, and/or FIS. Bags were provided to patients who screened positive for FIS via the Hunger Vital Sign screener validated for clinical settings.

Evaluation Methods: Process evaluation was via a semi-structured telephone interview with content validated for MOTHERS'. Interviews were audio-recorded, transcribed verbatim and analyzed using deductive content analysis to identify themes. Transcripts were reviewed independently by the research team ($n = 4$) using a codebook and consensus was reached regarding themes.

Results: Preliminary themes suggest high satisfaction, acceptance and utilization of the food. Most participants reported limited access to other food resources and sharing food with other household members.

Conclusion: Our findings align with previous studies further suggesting medically tailored food resources provided in clinical settings are acceptable, and potentially associated with reduced social stigma. Contents of food bag and handouts will be shared.

Funding: United Health Foundation.

P58 Online Test-Retest Reliability of the COAST Malnutrition Screening Tool

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