P56 (continued)

Campbell, PhD, University of Oklahoma Health Sciences Center, Hudson College of Public Health; *Beth DeGrace, PhD*, University of Oklahoma Health Sciences Center, College of Allied Health; *Jonathan Baldwin, MS, CNMT, RT (CT)*, University of Oklahoma Health Sciences Center, College of Allied Health

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

Kay Craven, MPH, LDN, RDN, CDCES, Brody School of Medicine at East Carolina University; *Kathryn M Kolasa, PhD, LDN, RDN*, kolasa@ecu.edu, Brody School of

Medicine at East Carolina University, 101 Heart Dr, Greenville NC 27834; *Brittany Smith, MS*, East Carolina University, Department of Nutrition Science; *Lauren Sastre, PhD, LDN, RDN*, East Carolina University, Department of Nutrition Science

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

Wendy Dahl, PhD, RD, wdahl@ufl.edu, University of Florida, 359 FSHN Building 572 Newell Dr, Gainesville, FL,