P100 Stakeholders' Views on Mobile Applications to Deliver Infant and Toddler Feeding Education to Underserved Hispanic Mothers

Alexandra MacMillan Uribe, PhD, RDN, alm439@cornell.edu, Cornell University, 244 Garden Ave, Ithaca, NY, 14853; Hannah Rudt, Cornell University; Tashara Leak, PhD, RDN, Cornell University

Background: Dietary behaviors, which impact chronic disease risk, are established early, making infant- and toddler-feeding education (ITE) critical to health. Using mobile applications (apps) for ITE shows promise: most Hispanics own smartphones (79%) and health-related apps are accepted among mothers. However, the viability of ITE apps for low-income Hispanic mothers remains unclear. Health professionals, who have insight into Hispanic mothers' needs, can help clarify ITE apps' potential.

Objective: To characterizing health professionals' views on low-income Hispanic mothers' capability, motivation, and barriers to using ITE apps.

Study Design, Settings, Participants: New York City-based health professionals with >3 years' experience and >1 encounter/week with low-income Hispanic mothers of infants and toddlers (6-24 months) completed a demographic survey and an in-depth, semi-structured virtual interview. Capability, Opportunity, Motivation, and Behavior (COM-B), a well-accepted Dissemination and Implementation framework, informed the interview guide.

Measurable Outcome/Analysis: A directed content analysis approach was used to identify themes using COM-B theoretical codes and subcodes. Transcripts were coded independently by 2 researchers using NVivo 12. Survey data were analyzed using descriptive statistics.

Results: Participants included pediatricians, dietitians, WIC practitioners, and Cooperative Extension educators (n = 13); 100% owned a smartphone and 85% used popular apps "several times a week" or more often. The following themes were identified: 1) Mothers are tech-savvy (ie, high capability and use of smartphones and apps); 2) Potential limits to using apps exist (eg, home Internet access, literacy barriers, and multiple Spanish dialects); and 3) Easily accessible information motivates app use but capturing and maintaining interest is challenging (eg, abundance of app options overwhelming; apps are potentially burdensome).

Conclusion: ITE apps are a viable option as skills and use appear high among low-income Hispanic mothers. Important considerations for app development include availability of features with limited Internet access; strategies for low literacy and multiple dialects (eg, more visuals, less text); targeted app promotion; and careful consideration of user engagement.

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P101 The Effects of a Community- and Clinical-Based Fruit and Vegetable Prescription Program (FVRx)[®] with Expanded Nutrition Education for Low-income Individuals

Nicholas Slagel, PhD, nslagel@uga.edu, Department of Foods and Nutrition, University of Georgia, 305 Sanford Dr., Athens, GA, 30602; Taylor Newman, PhD, RDN, Department of Foods and Nutrition, University of Georgia; Laurel Sanville, MS, LD, RDN, Department of Foods and Nutrition, University of Georgia; Jackie Dallas, MEd, Cooperative Extension, University of Georgia; Edda Cotto-Rivera, MPH, CHES, Department of Foods and Nutrition, University of Georgia; Jessie Moore, MS, Cooperative Extension, University of Georgia; Alexis Roberts, MPH, LD, RDN, Cooperative Extension, University of Georgia; Jung Sun Lee, PhD, RDN, Department of Foods and Nutrition, University of Georgia

Background: FVRx programs combining produce prescription and nutrition education have the potential to improve multiple diet-related behaviors of low-income adults. In 2018, the Athens FVRx program expanded nutrition education from 1 SNAP-Ed program (2017) to 2 SNAP-Ed programs and 1 financial literacy program.

Objective: To examine the effects of an FVRx program with expanded nutrition education and financial literacy education on nutrition and clinical outcomes in low-income adults.

Study Design, Settings, Participants: A 6-month non-randomized, parallel, controlled trial with 1 intervention (FVRx [n = 31]) and 2 comparison groups (Ad-hoc Nutrition Education (n = 10), and control [n = 16]). The final analytic sample (n = 36) included food insecure adults with a diet-related condition (mean age 53.8 ± 12.2 years (P < 0.05), 91.7% female, 33.3% Black). The FVRx group received produce prescriptions redeemable at a farmers market, 2 SNAP-Ed programs, 1 financial literacy program, and monthly health screenings (June-December 2018). FVRx and control groups were recruited by clinic and community site partners. The Nutrition Education group was recruited during participation in 1 SNAP-Ed program.

Measurable Outcome/Analysis: Pre- and post-intervention, 3 separate self-administered surveys assessed dietary intake, food security, food purchasing practices, and financial and food resource management. Clinical biomarkers (blood lipids, HbA1c) and biometrics (blood pressure, BMI) were measured. Descriptive analysis and one-way ANOVA were conducted.

Results: Post-intervention, FVRx participants significantly increased the frequency of consuming vegetables (once a day-once a week) by 22.2%, and knowledge, purchase, and preference of seasonally and locally available produce by (44.4%, 72.2%, and 16.7% respectively) compared to the comparison groups (P < 0.05). FVRx participants significantly increased healthful food purchasing practices and the ability to afford more bills (33%) (eg, utilities) compared to the comparison groups (P < 0.05).