O20 (continued)

**Background:** Food insecurity disproportionately burdens low-income households and has deleterious impacts on diet quality and health. Food system interventions are gaining in political salience, including short value chain (SVC) models of healthy food access that aim to minimize physical and social distance between producers and consumers. **Objective:** To evaluate, quantitatively, the influence of SVC interventions on food security, diet, and health outcomes, and characterize qualitatively-reported barriers to and facilitators of SVC participation. **Study Design, Settings, Participants:** A: systematic review of English-language, peer-reviewed studies focused on low-income, US-based households. The search was executed across 9 databases in June 2021: Agricola, CABI Abstracts, CINAHL, Embase, Public Affairs Index, PubMed, Scopus, SocINDEX, and Web of Science. All references were imported into Covidence for deduplication, screening (in duplicate) and full-text review, with Excel used for data extraction. **Measurable Outcome/Analysis:** Studies were included for synthesis if they reported: relationships between SVC intervention participation and quantitative measures of food security, fruit and vegetable intake, total diet quality, or health markers (e.g., anthropometrics, clinical biomarkers), or qualitatively-reported barriers to or facilitators of SVC participation (i.e., uptake) for low-income consumers. Risk of bias was assessed using either the NHLBI Quality Assessment Tools or the Standards for Reporting Qualitative Research. **Results:** A total of 13,458 articles were identified and screened for potential inclusion. Specific SVC interventions varied widely and included farmers market programming, community supported agriculture, produce prescriptions, and mobile markets, among other models. Among quantitative studies, food security and fruit and vegetable intake were frequent outcomes, and ones for which findings were generally promising. Measures of total diet quality and health biomarkers, though, were employed less consistently and study design often precluded causal inference. Factors influencing intervention participation varied by model. **Conclusions:** SVC healthy food access interventions hold potential to benefit low-income households and communities but more studies are needed to discern their causal influence on key outcomes and to inform optimization of their implementation for uptake and impact. **Funding:** None.

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**O21 The Reach of “About Eating” to Parents of “Fuel for Fun” Youth Informs Future Dissemination Strategies**

Barbara Lohse, PhD, LDN, RDN, balihst@rit.edu, Rochester Institute of Technology, 180 Lomb Memorial Dr,

Rochester, NY, 14623; Leslie Cunningham-Sabo, PhD, RDN, Colorado State University

**Background:** About Eating (AE) is an online program addressing healthy lifestyles and food resource skills. In a school-based nutrition and physical activity intervention AE was offered without utilizing dissemination science tenets to parents. **Objective:** Examine the reach of the AE component for parent participants of Fuel For Fun (FFF) to plan dissemination science strategies in subsequent implementations. **Study Design, Settings, Participants:** Controlled trial with school-driven randomization of parent interventions in 8 elementary schools in northern Colorado; parents of fourth grade youth in FFF. **Measurable Outcome/Analysis:** Website tracking of online participation, responses to baseline surveys of food management skills and eating behavior, end-of-lesson critiques for each module; descriptive statistics, group comparisons using independent t-tests, chi-square. **Results:** Of 421 parents who completed a study survey, 217 (52%) were in schools with access to AE. Of these, 70 (32%) viewed ≥ 1 AE module, 32 (15%) ≥ 2. Of 70 AE visitors, 17 (24%) viewed all 6 modules. Although parents assigned to AE were less likely than those not assigned to AE to be eating competent (48% vs 58%; \( P = 0.04 \)) and more highly educated (postgraduate 38% vs 22%, \( P < 0.001 \)), no differences were observed between AE visitors and non-visitors (n = 147). “Enjoying Eating” and “About My Size” were most popular modules with 44 and 38 visits respectively; all modules were represented in the group (n = 38) who visited 1 lesson. End-of-lesson critiques were uniform across all modules. On a scale of 1 (most positive) to 4, modules were not difficult to read (1-1.4); interesting (1.7-2.2) and useful (1.8 - 2.2). Only 12 parents spent > 15 minutes on a lesson; “About My Size” was the lesson most frequently visited for > 15 minutes. **Conclusions:** Reach of an online program based on principles of eating competence to motivated parents was moderate but with positive response. Findings support considering processes and products in designing for dissemination by considering parent needs and assets to improve reach, effectiveness, adoption and implementation of online program concepts. **Funding:** NIFA.

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**O22 Determining Stakeholders’ Perceptions and Barriers on Using Digital Nutrition Education Modules in Home Visitation Programs**

Jamie Zeldman, MS, RD, jzeldman@ufl.edu, University of Florida; PO Box 118210, Gainesville, FL, 32611; Elder Varela, MS, CHES, University of Florida; Katie Morello, University of Florida; Amy Mobley, PhD, RD, FAND, University of Florida

**Background:** Home visitation programs that reach families of young children offer a unique opportunity to pre-Continued on page S12
O22 (continued)

vent early childhood obesity. Technology has become an integral part of continuing services as a result of COVID-19, yet no standardized digital curriculum targeting childhood obesity prevention currently exists.

**Objective:** To determine the perceptions and barriers of key stakeholders on using technology to enhance home visitation programs, as well as preferred digital learning formats related to the development of a digital nutrition education curriculum.

**Study Design, Setting, Participants:** Key stakeholders of the Maternal, Infant, and Early Childhood Home Visitation (MIECHV) Program (N = 27) in Florida participated in a one-time, 30-minute qualitative interview via Zoom with a trained researcher using a semi-structured script based on the Technology Acceptance Model.

**Measurable Outcome/Analysis:** Interviews were audio-recorded, transcribed verbatim, and coded by two researchers using an inductive thematic approach.

**Results:** Since the onset of the COVID-19 pandemic and implementation of virtual home visits, participants expressed positive attitudes surrounding the use of technology, such as greater flexibility in scheduling and increased access to readily available information for both parents and home visitors. Further, they were receptive to continued virtual programming opportunities, but identified several barriers, including limited access to smartphones and internet access, privacy concerns, and lack of personal connection to parents. Recommendations included providing families with technology devices, using secure platforms, and developing brief digital nutrition education modules with interactive and personalized features.

**Conclusions:** Perceptions surrounding the use of technology for nutrition education in home visitation programs were positive. This promising formative research will be used to determine future directions for the development steps of a technology-based home visitation early childhood obesity prevention curriculum.

**Funding:** University of Florida Mowery Innovative Research Fund.

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O23 Perceived Stress in Rural and Suburban Dwelling Participants After a Meal Kit Intervention

Alaina Mitchell, BS, University of Florida; Kerri-Ann Chambers, BS, University of Florida; Kaley Carmen, PhD, RDN, University of Florida; Isabella Ramirez Sierra, BS, University of Florida; Jayden Yarbrough, BS, University of Florida; Lisa A. House, PhD, University of Florida; Anne E. Mathews, PhD, RDN, University of Florida; Karla P. Shelnutt, RD, PhD, kpgan@ufl.edu, University of Florida, 3028 McCarty Hall D, Gainesville, FL, 32611

**Background:** Stress is associated with unhealthy eating behaviors, which increases risk for chronic disease. People with low income face many stressors, such as decreased access to healthy food. Recent research suggests that providing healthy meal kits may decrease perceived stress (PS) of main preparers of food with low income, but more research is needed.

**Objective:** To evaluate the impact of a healthy, meal kit intervention on PS of main preparers of food from diverse families with low income in different communities.

**Study Design, Setting, Participants:** Two waves of participants from rural (N = 23) and suburban (N = 36) communities completed a six-week meal kit intervention that provided three meals per week. Demographic data were collected at baseline, and PS surveys were collected at baseline and post-intervention.

**Measurable Outcome/Analysis:** Demographic data were analyzed using descriptive statistics. Frequency statistical analysis evaluated changes in PS overall and per site. Paired sample t-tests were run to ascertain if there was a significant difference in PS from baseline to post-intervention.

**Results:** Participants were primarily female (89.8%), on average 46.21 ± 13.1 years old, primarily non-Hispanic (98.3%) and black (37.3%) or white (33.9%) with an average household size of 4.4 ± 1.6. Most (98.3%) fell below 200% of the federal poverty line for a household size of four. At post-intervention, most participants (67.8%) reported a decrease in overall PS. Participants experienced a decrease in PS from baseline (19.17 ± 7.34) to post-intervention (16.17 ± 6.85), t(58) = 3.964, p < 0.001. When split by community, suburban participants (72.2%) had a higher reduction of PS than rural participants (60.9%). There was no difference in PS between communities.

**Conclusions:** The overall reduction of PS from baseline to post-intervention suggests that the meal kit intervention positively impacted PS and did so similarly between the two communities. Future research should seek to explore the mechanism behind the decrease in PS.

**Funding:** Walmart Foundation.

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O24 Today’s Mom: HappyHealthy Baby: Transforming a Traditional Nutrition Education Curriculum Into an Online Course for SNAP-Ed

Virginia Gray, PhD, RDN, virginia.gray@csulb.edu, California State University Long Beach, 1280 Bellflower Blvd, Long Beach, CA, 90840; Sylvia Byrd, PhD, RDN, LDN, Mississippi State University; Sondra Parmer, PhD, Auburn University

**Objective:** To develop, deliver, and evaluate a SNAP-Ed program using technology to reach pregnant moms.

**Use of Theory or Research:** Transformational learning theory was used to integrate key information, skill building, and affective engagement.

**Target Audience:** Limited resource pregnant moms and Extension educators trained to deliver the course.

**Program Description:** Today’s Mom: HappyHealthy Baby, was developed as an online course for pregnant moms, adapted from the face-to-face Today’s Mom curriculum using the 6-D model of project management. The

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