P98 (continued)

Participants were asked to select dietary supplements/herbals used on a regular basis and a few questions about attitudes and behaviors.

Results: Reasons for supplement use included: health, immunity, muscle, deficiency, optimal energy/mood. Of the supplements utilized, 53% utilized a multi-vitamin (56% Colorado vs. 49% Wisconsin), 24% used protein as a sports supplement (17% Colorado vs. 38% Wisconsin, $p < 0.05$) and of the herbals and dietary supplements surveyed, 35% used fish oil (35% for both Colorado and Wisconsin). less than 10% of people reported using herbals. Only 58% informed their doctor about supplement use; 64% used medications and supplements simultaneously. Registered dietitians were some of the most underutilized professionals for knowledge acquisition.

Conclusions and Implications: People use supplements and many don't inform their healthcare providers about it. Dietitians should be the knowledge source for dietary supplements, but they are not. More effort should be made to have dietitians become trusted sources for supplement education.

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P99 Differences in Glycemic Control of Food Pantry Clients by Food Security Status and Health

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Objective: The objective of this study was to characterize glycated hemoglobin levels and associations between food security and health risks among food pantry clients.

Design, Setting, and Participants: Using data from "CARE Connect," a food pantry-based health screening initiative, objectively measured indices of health included waist circumference (WC), blood glucose (BG), and glycated hemoglobin (A1c). The 6-question USDA Food Security Survey Module was used to assess food security status. Participants also completed self-reported sociodemographic and health surveys.

Outcome Measures and Analysis: Data were analyzed and stratified based on A1c levels (high $\geq 6.5\%$, low $< 6.5\%$) and food security status (food secure=marginal/high, food insecure=low/very low). Frequency and Chi square tests were utilized to determine differences in A1c, food security status, and comorbidities. Data were tabulated using SPSS with statistical significance set at $\alpha < 0.05$.

Results: Of the total participants ($N=115$), 71% had high A1c levels, indicative of poorer glycemic control yet only 42% self-reported a diagnosis of diabetes. Significant differences were also noted in BG between A1c groups ($p < 0.001$). In the high A1c group, 72% were food insecure compared to 61% in the low A1c group. High-risk WC was

more common in the high versus low A1c groups (84% vs. 52%) in addition to the prevalence of comorbidities (79% vs. 52%).

Conclusions and Implications: This study documents that food pantry clients with poorer glycemic control are often undiagnosed, untreated, and are at greater risk for food insecurity and obesity-related comorbidities. A multi-disciplinary team approach may be necessary to fully address the complex health issues in underserved pantry populations.

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P100 Evaluating the Public Health Impact of a Community-Based Family-Focused Diabetes Prevention Program Using RE-AIM

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Objective: The purpose of this study was to use a process evaluation framework to evaluate a diabetes prevention intervention for 9-12-year-old children, and to assess its potential for future adoption, implementation, and maintenance by the YMCA.

Design, Setting, Participants, and Intervention: EPIC Kids is a 12-week randomized family-focused lifestyle intervention for 9-12-year-old children at risk of diabetes. The primary outcome is change in percent overweight. Potential public health impact was guided by the RE-AIM framework, wherein program reach, efficacy, adoption, implementation, and maintenance data were collected from YMCA administrators ($n=4$), lifestyle coaches ($n=12$) and participants ($n=47$ families) using qualitative and quantitative methods.

Outcome Measures and Analysis: Reach was evaluated using eligible versus participation rates. Preliminary efficacy was determined by changes in anthropometric measures, and potential adoption determined by YMCA administrator interviews. Implementation was assessed through researcher observation, attendance data, and YMCA lifestyle coach surveys. Preliminary maintenance was assessed with YMCA membership use data.

Results: Forty-five families out of 128 screened were eligible, 28 enrolled. Twenty families completed 12-week measures. There was no significant percent change in overweight at 12 weeks. Participants expressed high program satisfaction, with 88% rating weekly activities as enjoyable and 75% highly likely to adopt changes. Weekly attendance was 64%, program sessions were implemented as planned; 29% of participants used memberships at least once per week, with 75% indicating high likelihood for continued use.

Conclusions and Implications: Preliminary evaluation of EPIC Kids using RE-AIM suggested a moderate to high potential for public health impact, and provided direction for scaling and replication of the program in a community setting.

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