P115 (continued)

2019. Of the 103 mothers enrolled in the program, 98% initiated breastfeeding and 76% were still breastfeeding at 6 months.

Conclusions: Home visiting peer counselors were effective in promoting breastfeeding success in mothers in Flint. Many participants mentioned the importance of the peer counselor being a trusted mother representative of their community. This strategy should continue to be utilized and expanded to improve breastfeeding rates.

Funding: Greater Flint Community Foundation.

Food and Nutrition Policy

P116 Serving Their Needs: Nutrition Policy Implementation in the Early Care and Education Setting

Caree Cotwright, PhD, LD, RDN, cjcot@uga.edu, University of Georgia, 280 Dawson Hall, Athens, GA, 30602; Jori Hall, PhD, University of Georgia; Nicole Arrington, MPH, Under the Shade Tree, LLC; Nathalie Celestin, MPH, CHES, University of Georgia; Hayley Sanders, BS, University of Georgia; Taylor Ragan, BS, University of Georgia; Sarah Stotz, PhD, MS, RDN, CDE, University of Colorado; Leann Birch, PhD, University of Georgia (Deceased)

Background: Childhood obesity is a growing problem in the United States and results in increased risk for chronic diseases such as diabetes, heart disease, and hypertension. Thirteen percent of youth in Georgia are obese. Identifying strategies to assist children in establishing healthy habits is essential to reduce the risk of childhood obesity. The Early Care and Education (ECE) setting is ideal for the implementation of obesity prevention practices. However, there are barriers present for implementing nutrition policies in this setting.

Objective: The aim of this qualitative study was to explore the implementation of food and beverage best practices in the ECE setting and highlight barriers and facilitators to adopting these policies.

Study Design, Setting, Participants: The study sample included ECE teachers in Georgia serving children ages 0-5. A randomized, stratified sample of facilities was selected. Researchers conducted 24 interviews and 6 focus groups with ECE program directors and teachers in 6 regions in Georgia. A trained qualitative researcher facilitated focus groups and interviews.

Measurable Outcome/Analysis: Data were audio-recorded and transcribed verbatim. Qualitative data analysis software, NVivo 10, was used to code data and identify emergent themes.

Results: Several key themes related to barriers against food and beverage policy implementation emerged, including the need for enhanced parent communication, resources to limit juice consumption, and support to decrease food costs. Facilitators of nutrition policy implementation included ease of access to water, children's preferences for fruits and vegetables, and availability of

existing nutrition resources. Findings will inform the development of resources to support nutrition policy implementation as well as policy training for ECE teachers in Georgia.

Conclusions: Study findings may provide insight about how to improve current resources and develop new strategies to promote adoption and implementation of nutrition policies in the ECE setting.

Funding: Robert Wood Johnson Foundation.

Nutrition Across the Life Cycle

P117 Household Food Insecurity Does Not Predict Weight-Related Outcomes in a Low-Intensity Childhood Obesity Treatment Program

Lauren Griffiths, MPH, hgraynor@utk.edu, University of Tennessee, Department of Nutrition, 1215 Cumberland Ave, Knoxville, TN, 37996-1920; Cristina Barroso, DrPH, University of Tennessee, Department of Nutrition; Kristoffer Berlin, PhD, University of Memphis, Department of Psychology; Parinda Khatri, PhD, Cherokee Health Systems; Sara Propst, PhD, Cherokee Health Systems; Shannon Robson, PhD, RD, University of Delaware, Department of Behavioral Health and Nutrition; Hollie Raynor, PhD, RD, University of Tennessee, Department of Nutrition

Background: Food insecurity (FI) has been paradoxically associated with childhood obesity. Little research has examined whether FI influences response to childhood obesity treatment.

Objective: Conduct a secondary analysis examining effects of household FI status on weight-related outcomes among children participating in a low-intensity obesity treatment program delivered at a federally qualified health center (FQHC).

Study Design, Setting, Participants: Two 6-month family-based programs targeting energy-balance behaviors were implemented. One program targeted caregiver and child behaviors, while the other targeted child behaviors only. Children 4-10 years, body mass index (BMI) ≥ 85 th percentile, receiving integrated primary care at the FQHC, and with a female caregiver were randomized to 1 of the 2 programs. The program consisted of alternating monthly in-person meetings and phone calls delivered by a licensed behaviorist in primary care.

Measurable Outcome/Analysis: Household FI status at 0 months was determined by the U.S. Household Food Security Module. At months 0 and 6, measured anthropometrics were used to calculate BMI z-score (zBMI), and energy intake (EI) was assessed via three 24-hour dietary recalls. Regression analyses, controlling for randomization and 0-months zBMI or EI, examined if FI status predicted post-intervention zBMI or EI. Repeated measures controlling for the randomized group examined the main effect of time on zBMI and EI.

Results: Sixty-six children (8.2 ± 1.8 years, 59% male, 91% White, 77% Hispanic/Latino, 35% FI) were included

Continued on page S72

P117 (continued)

in analysis. FI status was not related to zBMI, $t(62) = 1.01$, $P = 0.32$, or EI, $t(48) = 0.44$, $P = .66$, at post-intervention. A main effect of time was observed for zBMI (2.01 ± 0.42 vs 1.94 ± 0.47), $F(1,64) = 5.97$, $P = .017$, and EI (1172 ± 454 kcal vs 1021 ± 196 kcal), $F(1,50) = 6.86$, $P = .012$.

Conclusions: FI status did not affect weight-related outcomes in this low-intensity obesity treatment program. Future research should examine whether FI status affects outcomes in more intensive interventions for which adherence may be challenging for families with unstable food access.

Funding: NIH.

Food and Nutrition Policy

P118 Campus Food Insecurity and Pantry Awareness at a Public University in South Central Florida

Whitney Fung Uy, MS, whitneyfung@usf.edu, University of South Florida, 13201 Bruce B. Downs Blvd, MDC 56, Tampa, FL 33612; Heewon Lee Gray, PhD, RDN, University of South Florida; Jennifer Marshall, PhD, CPH, University of South Florida

Background: Higher education institutions have reported from 21 to 59% of their students experiencing food insecurity, meaning they lack the resources to be able to obtain enough food. Food insecurity can negatively impact students' academic performance, physical health, and mental health. Thus, many campuses have established on-site food pantries to address this issue.

Objective: To establish the prevalence of food insecurity among students and their awareness and use of the campus food pantry.

Study Design, Setting, Participants: An online survey was administered to students at the University of South Florida in Fall 2019. A convenience sample of 497 students with representation from all academic colleges completed the survey via Qualtrics.

Measurable Outcome/Analysis: Descriptive analysis was conducted using SPSS 26. To determine food security status, only completed responses ($n = 434$) from the U.S. Department of Agriculture's 6-item short form Food Security Survey Module were included.

Results: Of the 434 students, 309 were categorized as food secure (71.2%); 90 were low food secure (20.7%), and 35 were very low food secure (8.1%) in the previous 30 days of taking the survey. Of the food insecure students ($n = 125$), 5 visited the pantry because they needed assistance (4.0%), 3 visited but not for assistance (2.4%), 76 heard of the pantry but never visited (60.8%), and 41 had never heard of the pantry (32.8%). When asked if students would use the pantry if they needed, 38 said they would not use it for various reasons including: embarrassment, perception of foods provided (eg, canned foods high in sodium), lack of awareness (eg, did not know the physical location of the pantry), and perception of the purpose of the pantry (eg, for undergraduates only).

Conclusions: Findings from this survey can help higher education institutions identify student food insecurity needs and barriers to campus food pantry access.

Funding: University of South Florida.

Nutrition Across the Life Cycle

P119 Examining Predictors for Diet Quality: A Needs Assessment of Rural Versus Urban Older Adults

Beverly Jackey, MS, RDN, bjackey@umd.edu, University of Maryland Extension, 200 Chesapeake Blvd. Suite 1500, Elkton, MD 21921; Erin Jewell, MS, LDN, RDN, University of Maryland Extension; Hee-Jung Song, PhD, University of Maryland; Mona Habibi, PhD, University of Maryland Extension; Chenzi Wang, PhD, University of Maryland; Karen Basinger, MS, LDN, CFCS, University of Maryland Extension; Jennifer Dixon Cravens, MS, University of Maryland Extension; Shauna Henley, PhD, University of Maryland Extension; Jeanette Jeffrey, MPH, MS, MCHES, University of Maryland Extension; Lisa McCoy, MS, RDN, University of Maryland Extension; Dhruti Patel, MS, PG. Dip, University of Maryland Extension; Theresa Serio, MA, University of Maryland Extension

Background: Diet and lifestyle are vital in maintaining good health and independence for older adults. Older adults living in rural areas are at risk for chronic disease, poor diet quality, and limited accessibility to healthy foods, compared to their urban counterparts.

Objective: To assess rural and urban older adults' diet quality, food insecurity, and self-efficacy for overcoming barriers to making informed nutrition-related decisions.

Study Design, Setting, Participants: From April-August 2019, a cross-sectional design was used to administer a self-reported survey to adults ≥ 50 years, in Maryland, participating at senior/community sites. Using convenience sampling, 475 participants (Urban, $n = 215$; Rural $n = 260$) were recruited prior to a nutrition education program (44 sites, 19 counties).

Measurable Outcome/Analysis: Participants completed a self-administered survey (41 items). Measurable constructs included diet quality assessed by the validated Dietary Screening Tool (DST), which evaluates nutritional risk in older adults. Perceived self-efficacy for healthy eating behaviors, food insecurity, and sociodemographic factors were also measured. Data were analyzed using SPSS version 24.0 (t-test, chi-square, and multiple linear regression).

Results: Participants were predominantly women (83.6%), white (54.0%), who lived alone (53.6%), with a median age of 74.5 ($SD \pm 8.5$), and reported their health as somewhat good/very good (53.1%). Those in rural areas had significantly lower DST scores ($P = .024$), higher average number of chronic diseases ($P = .004$), and lower self-efficacy for changing health behaviors ($P = .001$) compared to urban/suburban counterparts. After controlling for other variables, rural and urban dwelling was not a significant predictor of diet quality. However, DST scores

Continued on page S73