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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.

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Food and Nutrition Policy

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

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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

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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

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