O39 (continued)

affect over 30% of students. While research to determine FI prevalence is growing, little research is being conducted on best practices to address student FI. As more campuses seek to address FI, resources are needed to bridge the gap between measuring FI prevalence and identifying appropriate responses.

Objective: This study aimed to validate the Campus Food Aid Self-assessment Tool (C-FAST). C-FAST is a survey-based tool, designed to gauge college campus performance in 6 dimensions associated with student FI: student services and supports; involvement; advocacy; campus culture and awareness; education and training; and research, scholarship, and creative works.

Study Design, Setting, Participants: Researchers conducted expert panel review and cognitive interviewing. Five expert reviewers evaluated the tool and provided feedback. Researchers then partnered with 10 four-year colleges and universities in Alabama to facilitate completion of C-FAST by campus representatives.

Measurable Outcome/Analysis: Institutions completed C-FAST and provided feedback on the tool. C-FAST submissions were evaluated to identify areas of strength and opportunities for growth for each campus then aggregated to reflect the state of FI resources and culture at Alabama institutions.

Results: Survey and interview feedback support the validation of C-FAST. Aggregated C-FAST results and follow-up interview themes will be presented, describing the validity of C-FAST along with a comprehensive overview of campus responses to student FI in Alabama.

Conclusion: This study supports validation of C-FAST as a tool for campuses to assess culture and resources relating to FI and provides statewide data on Alabama campus FI responses. Next steps include piloting C-FAST with additional campuses across the United States and validating the tool for use among 2-year institutions, so it can be used to identify appropriate campus responses to FI across a variety of campus contexts.

Funding: ECMC Foundation.

040 A Comparison of Food Security Screeners in a Metropolitan Primary Care Center

Andrea Gibson, DNP, RN, University of Louisville School of Nursing; Cheryl Witt, PhD, RN, University of Louisville School of Nursing; Frances Hardin-Fanning, PhD, RN, fdhard02@louisville.edu, University of Louisville School of Nursing, 555 S Floyd St, Louisville, KY, 40202

Background: Partnerships between primary care providers and food banks are novel approaches to improving food security. These prescriptive pantry programs include food security screening during clinical visits and food assistance based on current level of food insecurity. Food security screeners sensitive to differences in level of household food security are vital to success of these programs.

Objective: The purpose of this study was to evaluate the clinical impact of a food security screener used to categorize households as high/moderate, low, or very low food secure

(USDA 6-SF) in comparison to a screener that only dichotomizes households as food secure or insecure (USDA 2-item).

Study Design, Setting, Participants: In February 2020, 137 individuals were screened for food security during clinical visits at a metropolitan primary care center in Kentucky. The study was conducted over a 4-week period.

Measurable Outcome/Analysis: The 2-item screener ranked 15 (11%) of individuals as having high/marginal food security and 122 (85%) as having low food security. However, the USDA 6-SF categorized 54 (44%) of the 122 as having very low food security.

Results: In this prescriptive pantry program, individuals who were screened as food insecure were previously receiving 1 box of food. However, following the implementation of the USDA 6-SF, individuals who screened as having low food security received 1 box of food while those screened as having very low food security received 2 boxes of food. In this sample screened within a 1 month period, 54 (39.4%) individuals were given an additional bag of food based on their assessed food security status.

Conclusion: Individuals with very low food security would not have received adequate food supplies following assessment with the 2-item screener. Appropriate screening and provision of adequate food assistance for those who screen low or very low food secure can decrease the negative mental health impact and risk of chronic disease associated with food insecurity.

Funding: None.

Early Childhood Care & Education and School-Based Programs

041 Client Acceptability of School-Based Food Pantry Program for Rural Families in Southeast Tennessee

Marissa McElrone, PhD, RDN, Marissa-mcelrone@utc.edu, University of Tennessee at Chattanooga, 615 McCallie Ave, 210 Metro Building, Chattanooga, TN, 37403; Emory Evans, BS, University of Tennessee at Chattanooga; Kimberly Osment, BA, University of Tennessee at Chattanooga; Shelby Nolan, BS, University of Tennessee at Chattanooga

Background: School-based food pantries (SBFP) are 1 way to address food insecurity among low-income families with children by offering nutritious food at a known, trusted, and easily accessible location. Although implementation has increased, there is still limited data on the client acceptability of SBFP compared to other school-based food program models, especially among rural schools.

Objective: To compare client acceptability, satisfaction, and preference between pilot SBFP and Sack Pack (SP) programs across 3 rural elementary schools in Southeast Tennessee.

Study Design, Setting, Participants: In this cross-sectional study, a convenience sample (n = 25) of adult

O41 (continued)

caregivers of children participating in SBFP were recruited to complete a self-administered survey, either on paper or through an online survey software (Question Pro).

Measurable Outcome/Analysis: Surveys, based on an existing tool developed for a Feeding America school-based food pantry evaluation, were adapted, reviewed, and revised with the partnering food bank. The 33-item survey explored client satisfaction with variety, quality, quantity, and nutritional value of food offerings using Likert-type scales, client program perceptions using open-text responses, and demographics. Descriptive statistics, including frequencies and means, were calculated to compare client acceptability between SBFP and SP programs.

Results: A majority of participants were White (100%), non-Hispanic (96%) females (88%), who reported either excellent (40%) or very good (16%) self-perceived knowledge of food preparation skills. Participant feedback and satisfaction were uniformly positive for both programs; however, a majority preferred the food variety (68%), quality (68%), quantity (84%), nutritional value (76%), and convenience (64%) of the SBFP compared to the SP program. Participants reported feeding more household members with SBFP (mean = 3.9 ± 0.91) than the SP program (mean = 3.0 ± 1.02).

Conclusion: Clients indicated acceptability of, satisfaction with, and preference for the SBFP. These findings support the continuation and expansion of SBFP at new sites to address food insecurity among low-income families with children.

Funding: University of Tennessee at Chattanooga.

O42 Examining the Geospatial Characteristics of COVID-19 Pandemic Summer Meal Distribution Sites in North Carolina

Jared McGuirt, PhD, MPH, jtmcguir@uncg.edu, University of North Carolina Greensboro, The Department of Nutrition, 319 College Ave, 318 Stone Building, Greensboro, NC, 27412; Hannah Lane, PhD, Duke University; Jessica Soldavini, MPH, LDN, RD, University of North Carolina Chapel Hill; Stephanie Jilcott Pitts, PhD, East Carolina University; Alice Ammerman, DrPH, University of North Carolina Chapel Hill

Background: School meals are an important social safety net. During the COVID-19 pandemic, schools and community organizations were able to serve meals through federal summer meals programs (SMP) to reach kids in need who were not in school. It is important to understand how access to these programs may have been impacted across sociodemographic characteristics to prevent exacerbation of health disparities in future public health emergencies.

Objective: To examine the geospatial characteristics of COVID-19 pandemic SMP distribution sites in North Carolina.

Study Design, Setting, Participants: Cross-sectional study of COVID-19 SMP distribution sites ($n = 2,567$) in North Carolina during the 2019-2020 school year.

Measurable Outcome/Analysis: GIS was used to conduct a geospatial analysis. Pandemic SMP sites were mapped and spatially joined to US Census sociodemographic data and USDA Food Desert Atlas data, including designated census tracts. SMP site service areas were created for rural (10-mile) and urban sites (3-mile), and sociodemographic data aggregated within these areas to understand reach. Summary sociodemographic and food environment characteristics of meal sites were generated, and bivariate analysis used to assess group differences.

Results: There was a school meal site in 71% (267/368) of Food Desert Census Tracts. Census Tracts with meal sites had significantly higher levels of percent poverty (18.8% vs 13.2%) ($P < 0.001$), percent minority population (34.7% vs 25.7%) ($P < 0.001$), and a higher number of housing units without vehicle count beyond 1 mile from supermarket (56.3% vs 36.0%) ($P < 0.001$) compared to Census Tracts without SMP sites.

Conclusion: In North Carolina, meal sites were generally well placed to serve those in the most need. Future work should try to understand factors determining SMP location. The use of geospatial analysis of sociodemographic characteristics and use of spatial location-allocation modeling to inform meal distribution sites should be further explored to prevent future exacerbation of health disparities.

Funding: The North Carolina Translational and Clinical Sciences Institute.

O43 Timing of WIC Enrollment and Exclusive Breastfeeding: Results from the National WIC Infant Toddler Feeding Practices Study 2

Sina Gallo, PhD, MS, RD, sina.gallo@uga.edu, University of Georgia, 305 Sanford Dr, Ste 209, Athens, GA, 30602; Kiran Thapa, BS, University of Georgia; Janani Rajbhandari-Thapa, PhD, MS, MPA, University of Georgia

Background: Participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is associated with lower breastfeeding rates, compared to similar income non-participants. Breastfeeding decisions are often made before birth hence; the prenatal period may be critical for breastfeeding support.

Objective: To explore whether timing of WIC enrollment has an effect on breastfeeding exclusivity at 3, 5, and 7 months. As there are racial/ethnic disparities in breastfeeding, the association of timing of enrollment and race/ethnicity with breastfeeding outcomes was also assessed.

Study Design, Setting, Participants: This is a secondary analysis of data collected from the WIC Infant Toddler Feeding Practices Study-2, the most recent longitudinal assessment of mother-child dyads participating in WIC nationally. Only data collected from the prenatal through 7-months post-partum were included.

Measurable Outcome/Analysis: Logistic regression models analyzed the association between the timing of WIC enrollment - categorized as prenatal (1st, 2nd or 3rd trimester) or post-partum and exclusive breastfeeding -

Continued on page S21