

P138 (continued)

participating in the WIC program which gave them a good understanding of the WIC shopping experience. Previous WIC experience and proximity to store location for DVs customers were facilitators of WIC implementation. The primary barriers included limited choice in store products for customers, complicated or unclear labeling for WIC-eligible products, and difficulty training store employees to process WIC payments.

Conclusion: Most employees have a positive view of WIC but barriers related to product selection and training must be addressed to improve future WIC implementation. Notably, WIC's new electronic benefit transfer system (eWIC), which does not require as much detailed and manual employee training, should address several barriers to implementation. Future studies should evaluate implementation of eWIC in DVSS.

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P139 Student Use and Perceptions of a Campus Food Pantry at Appalachian State University

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Background: Food insecurity is a public health problem among US college students. Over 640 campuses have established food pantries as temporary solutions to improve this food deficit. A pantry was opened at Appalachian State University (App State) in 2016 that has not been assessed for student use and perceptions.

Objective: Measure student use and assess perceptions of the physical environment, food offerings, and customer service at the campus food pantry.

Study Design, Settings, Participants: Cross-sectional online survey of 40 App State students.

Measurable Outcome/Analysis: Descriptive procedures measured food security status, pantry use, and perceptions of pantry services, and identified associations between variables. Significance was $P < .05$.

Results: One thousand students were recruited, and 215 (21.5%) submitted complete questionnaires. Food insecurity affected 91 (42.3%) of students, of whom 35 (38.4%) used the pantry. Pantry users were 28.9% males and 68.4% females and 34.2% freshmen/sophomores and 52.6% juniors/seniors. Reasons given by food insecure students for not using the pantry were "Others need it more" (65.9%), "I have regular adequate access to food" (58.2%), and "I feel embarrassed asking for help accessing food" (40.7%). Frequency of pantry use ranged from only once (28.9%) to once or twice/week (18.4%). Products most frequently accessed were grain/cereal foods ($n = 26$), vegetables ($n = 22$), and snacks ($n = 18$). Benefits of pantry use included "Able to spend on other necessities" (60%) and "Able to perform better on the job" (15%). Pantry users perceived the physical environment and customer service most favorably and food offerings less favorably. Feelings

when using the pantry included "Thankful" (65.8%), "supported" (47.4%), "Guilty" (47.4%), and "anxious" (31.6%).

Conclusion: Food insecure students appreciate and are benefited by the pantry and should be encouraged to use it until long-term solutions are implemented.

Funding: None.

P140 The University of Arizona's SNAP-Ed Used the Health Food Pantry Assessment Tool to Identify Policy, Systems, and Environmental Changes in Food Pantries

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Objective: To use the Health Food Pantry Assessment Tool (HFPAT) to identify policy, systems, and environmental (PSE) changes in Arizona's food pantries.

Use of Theory or Research: The HFPAT was selected as an observational survey that measured the healthfulness of food pantry environments and provided PSE resources to guide food pantries and the University of Arizona Supplemental Nutrition Education - Program (UA SNAP-Ed) programming.

Target Audience: Four food pantries (Apache-2, Maricopa-2 Counties) that participated in SNAP-Ed completed the HFPAT.

Program Description: The SNAP-Ed sent the HFPAT in advance of site visits. Two Arizona SNAP-Ed staff independently completed the observational portions of the survey and results were compared. The survey was completed by interviewing the food pantry staff. Reports were generated using Qualtrics® and given to the food pantries. The HFPAT Resource Guide, which provides a resource for each section, was included.

Evaluation Methods: The HFPAT contained 69 questions divided into five sections: pantry location and entrance, food available to clients, policies of the food pantry, frozen chilled, dry storage and food safety, and services for clients. It provided a numeric score on a scale of 0-100; with a score of 100 signifying the healthiest food pantry environment.

Results: Four food pantries were assessed. The total scores ranged from 41 to 50 (mean: 46.25 out of 100). The food pantries' mean scores for each section were: a) 9.25 out of 15 possible points; b) 19.25 out of 57 possible points; c) 6 out of 12 possible points; d) 6.25 out of 10 possible points; and e) 4.5 out of 6 possible points.

Conclusions: The UA SNAP-Ed used the HFPAT to assist food pantries in identifying potential PSE interventions. This evaluation tool provided direction to the UA SNAP-

P140 (continued)

Ed to give specified technical assistance to the food pantries, and resources to improve their low-scoring areas.

Funding: None.

Nutrition Across the Life Cycle

P141 A Mixed Methods Analysis Examining Differential Patterns of Long-Term Distress From Weight Stigma

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Background: As many as 40% of adults have experienced weight stigma, yet little is known about why some individuals are more distressed by weight stigma than others. Qualitative research is limited in this field but may help inform this understudied question.

Objective: Using a mixed method design, we compared individuals who described lasting impacts from prior experiences of weight stigma to individuals who expressed no longer being distressed by these experiences. We assessed how these groups differ in weight bias internalization and other health indices.

Study Design, Settings, Participants: Participants (n = 425) were part of a larger study of adults enrolled in a commercial weight management program. Participants completed online self-report questionnaires and an open-ended question asking them to share their experiences with weight stigma. Study analyses focused on participants whose open-ended responses were coded as having either a lasting impact from weight stigma (n = 247) or no longer feeling distressed by weight stigma (n = 178).

Measurable Outcome/Analysis: Linear regressions examined the associations between group membership (i.e. belonging to the 'lasting impact' group in reference to the 'no longer distressed' group) and internalized weight bias, perceived stress, and mental as well as physical health.

Results: Belonging to the 'lasting impact' group was associated with greater internalized weight bias ($P < .001$) and perceived stress ($P < .001$), and poorer mental health ($P < .001$) than belonging to the 'no longer distressed' group after adjusting for Body Mass Index (BMI), age, education, and experienced stigma. No relationship between group membership and physical health emerged.

Conclusion: Weight bias internalization may play a contributing role to the lasting impact that people experience from weight stigma. Longitudinal research is needed to examine these relationships over time.

Funding: Weight Watchers.

P142 Ethnicity Differences in Nutrient Intake, Diet Quality, and Mealtime Behaviors Among Children with Autism Spectrum Disorder (ASD)

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Background: Nutritional and mealtime behavior concerns are common in families of children with ASD. However, ethnic differences have not been examined in previous research.

Objective: To explore differences in nutrient intake, diet quality, and mealtime behaviors by ethnicity, especially between white and Hispanic children living in Florida.

Study Design, Settings, Participants: This is a comparative analysis using data from a cross-sectional study assessing dietary intake and mealtime behavior among children aged 2 to 17 with ASD. The majority of the participants were white (n = 16) or Hispanic (n = 15).

Measurable Outcome/Analysis: A 24-hour recall phone call and mealtime behavior survey were completed by a parent of each child. Dietary intake data were analyzed with Nutrition Data System for Research (NDSR) Pilot-Pack. Diet quality was assessed using the Healthy Eating Index-2015 (HEI-2015). Independent t-tests and Chi-square tests were used to examine group differences.

Results: Hispanic children exhibited greater intake of fiber ($P = .039$), vitamin E ($P = .033$), calcium ($P = .017$), phosphorus ($P = .039$), potassium ($P = .019$), selenium ($P = .034$), and choline ($P = .019$), and a greater percent of Hispanic children met recommendations for percent protein ($P < .001$). Energy intake between groups was not significantly different. Hispanic children had greater total HEI scores ($P = .0046$) and scores for total fruit ($P = .0009$), whole fruit ($P = .011$), total protein ($P = .028$), seafood and plant protein ($P = .0014$), refined grains ($P = .017$), and added sugars ($P = .027$). There was no significant difference in total mealtime behavior scores, although white children exhibited greater preference for specific food packaging ($P = .038$), and parents of white children were more likely to report getting angry with the child to get him/her to finish a meal ($P = .038$).

Conclusion: The findings suggest that there are differences in nutrient intake and diet quality by ethnicity in children with ASD. Further research is needed on cultural factors associated with nutrient intake and diet quality.

Funding: University of South Florida.

P143 Examining Nutrition Practices Across Early Childhood Education Programs in Two Rural Counties of California

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Background: Early childhood education (ECE) programs are important partners for childhood obesity prevention

Continued on page S97