Moore (continued)

(61%) dollars on FVs/mo; 34% spend <$5 of SNAP dollars on SSBs/mo; 48% spend <$5 of non-SNAP dollars on SSBs/mo. Most respondents wished to reduce SSB intake (75%) and increase FV intake (57%). Purchasing patterns were shaped by health (80%), waste reduction (73%), cost (71%), family (65%) and taste (64%) preferences.

Results: There was strong support for FV incentives (81%); yet 43% opposed eliminating SSB SNAP purchases. Motivators for SNAP+ enrollment included: inflated cost of living and rewarding healthy changes. Barriers included: eliminating SSB purchases to qualify for FV incentives, family preferences, and mistrust in rebate systems. Overall, 77% of participants stated that they would enroll in SNAP+.

Conclusion: SNAP+ presents a unique opportunity to optimize nutrition by capitalizing on participants’ desires to make healthy changes and adapt purchasing patterns. To enhance feasibility policymakers should consider rebate system logistics, clear marketing about SNAP+, and a conditional incentive that rewards users only when SSBs are not purchased.

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Structural Racism and Lack of Medicaid Expansion Linked With Use of Harmful Dietary Supplements During the COVID-19 Pandemic

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Background: During the COVID-19 pandemic, experiences of discrimination, financial precarity, and food insecurity have been linked with use of harmful dietary supplements sold for weight loss, cleansing/detoxing, energy, and immunity; however, the role of state-level policies is unknown.

Objective: To estimate associations of state-level structural racism and lack of Medicaid expansion with use of harmful supplements during the pandemic.

Study Design, Setting, Participants: Data were drawn from the COVID-19 Pandemic Substudy embedded in the US Nurses’ Health Studies 2/3 and Growing Up Today Study prospective cohorts (N=55,753; 4/2020-4/2021). We created an index representing state-level structural racism (higher scores indicate racism) and gathered data on state Medicaid expansion (yes/no).

Measurable Outcome/Analysis: Using GEE models adjusted for age, cohort, race/ethnicity, and gender, we estimated prevalence ratios (PR) and 95% CI for associations between structural racism and Medicaid expansion with use of supplements across five waves during the study period.

Results: Baseline prevalence of supplement use was: weight loss: 2.7%; immunity: 22.6%; energy: 4.4%; and cleanse/detox: 3.2%. In multivariable models, one standard deviation higher structural racism score in state of residence was associated with an 8% higher prevalence of weight-loss supplement use (PR 1.08; 95% CI 1.05, 1.12) and 6% higher prevalence of energy supplement use (PR 1.06; 95% CI 1.04, 1.09). Living in states without Medicaid expansion, compared to living in expansion states, was associated with higher prevalence of supplements use: weight loss: PR 1.35 (95% CI 1.25, 1.46); immune: PR 1.12 (95% CI 1.09, 1.15); energy: PR 1.29 (95% CI 1.21, 1.37); cleanse/detox: PR 1.16 (95% CI 1.07, 1.24).

Conclusion: Our study provides novel evidence on the role of discriminatory state policies in increasing the likelihood of harmful supplement use among US adults during the pandemic.

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The Impact of FNAPs on Young Children’s Food Environment in ECEs: A Systematic Review Using the RE-AIM Framework

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Background: In the US, 2.5 million young children (<6 years) experience food insecurity. USDA administers Food and Nutrition Assistance Programs (FNAPs) to increase access to affordable, nutritious food in young children. However, there is a knowledge-gap regarding systematic assessment of FNAPs’ impact on children’s food environment in early care and education (ECE) settings where most young children consume two-thirds of their daily dietary intake.

Objective: Examine FNAPs’ impact on young children’s (2-6 years) food environment in ECE through a systematic review using the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) framework.

Study Design, Setting, Participants: Two researchers independently screened abstracts (n=2786) for eligibility, followed by full-text (n=63) screening and data extraction of eligible articles (n=38).

Measurable Outcome/Analysis: Food environment dimensions were assessed at three levels: ECE setting (availability, accessibility, affordability, acceptability, accommodation), ECE provider (feeding practices), and child (dietary intake, food insecurity, BMI percentile) and their association with FNAPs were reported. RE-AIM data extraction tool was adapted to evaluate the impact of ECE-based FNAPs across all dimensions.

Results: The review included 38 articles (cross-sectional=30, mixed method=1, pre-post=5, longitudinal=2) with Child and Adult Care Food Program (CACFP; n=35), Farm to ECE (n=2), and Food bank-ECE program partnership (n=1). No study addressed all RE-AIM indicators.

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