disparities. We assessed differences between patients who were and were not able to complete ASA24 as part of a precision nutrition intervention in federally qualified healthcare center (FQHC) clinics.

Methods: FQHC staff texted English-/Spanish-speaking patients aged 18–64 with BMI $\geq$25 kg/m^2 and upcoming appointments. Patients were screened for inclusion (smartphone, internet access) and exclusion (pregnancy, eating disorder) criteria. Consented patients reported age, sex, and completed a questionnaire. Patients viewed an instructional video and were then automatically directed to ASA24. A bilingual research assistant was available via phone to provide assistance. We used unpaired t-tests (continuous) and chi-square tests (categorical) to assess differences in age, sex, ethnicity, race, language, income, computer use, and health literacy (HL) between those who completed ASA24 independently and those who did not.

Results: Sixty-six patients consented to the study (mean age = 48 ± 10.9; 73% female; 58% Hispanic/Latinx; 15% Black, 5% American Indian/Alaska Native, 64% White, 9% self-described; 77% English-speaking; 56% had at least "enough to get by"; 64% used a computer; mean HL = 4 ± 1.4 of 3–9 with higher scores = worse HL). Those who did not complete ASA24 independently, including non-completers (n = 27), were significantly older than those who completed ASA24 independently (n = 39) (51.7 ± 9.2 vs. 45.9 ± 11.5, t = 2.26, p = 0.03). There were no other significant sociodemographic differences between groups. In the subset who did not complete ASA24 independently, mean age was not significantly different between non-completers and those who completed with assistance (p = 0.64).

Conclusions: We found no evidence of racial/ethnic or socioeconomic disparities in independent ASA24 completion, and age-based disparities were mitigated by providing assistance. ASA24 presents a scalable, equitable option for diet data collection in FHQC clinic settings.

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P24-109-23 Barriers and Facilitators to Uptake of a Mobile Produce Market Designed To Address Food Insecurity

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Objectives: We aimed to identify barriers and facilitators to uptake of a monthly free produce market (PM) located at a community health center (CHC) in a predominantly low-income community.

Methods: This qualitative study used the Practical, Robust Implementation and Sustainability Model (PRISM) framework to achieve the evaluation objective. We conducted semi-structured interviews with PM volunteers (n = 5) and users (n = 19) who were identified using purposive and convenience sampling, respectively. Interviews were coded, organized, and analyzed deductively using PRISM constructs.

Results: We identified five themes that impact PM use. First, financial need drives the decision to attend. Competing financial demands, such as rent and utilities, as well as insufficient income, made it difficult to purchase healthy food at the supermarket; the PM helped fill this gap. Second, users come to the PM specifically for healthy and natural foods. Users prefer the fresh produce provided at the PM to canned or processed foods found at other food pantries. Third, users feel a connection to the CHC, which increases PM participation. While users did not find a clinician referral to be imperative to attendance, they felt a sense of belonging and connection to the CHC, which increased comfort using the PM. Fourth, social networks increase interest in and usage of the PM. Group settings, such as religious and civic institutions, were noted as places where individuals shared information about the PM. Last, wait times, inclement weather, and lack of communication about PM dates were barriers to attendance. Other individual-level factors, such as chronic illness or impaired mobility, created further access barriers for community members. These members were able to use the PM by relying on friends or family to obtain their food and deliver it to their home.

Conclusions: Individuals with financial need who desired healthy foods, and who felt a connection to the clinic, were likely to attend a free PM at a CHC. Barriers to attendance existed but were ameliorated by relying on social networks to assist with food pick-up. Results provide suggestions for PM improvements and practical implementation strategies for other CHCs interested in developing programs to address food insecurity and nutrition.

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P24-110-23 Assessing the Nutritional Composition of School Food Provision

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Objectives: To assess the nutritional composition of school food in two secondary schools in England, and the role of catering practices thereon.

Methods: Three weeks of observations and informal discussions were conducted in two secondary schools in Northern England. Detailed information (e.g. weights, ingredients, brands, photographs, recipes) was collected for all foods and drinks on offer (n = 373), along with insights into catering practices. Nutritional composition was assigned to foods/drinks (at ingredient level, where possible) using the most relevant data from McCance and Widdowson's Composition of Foods Integrated Dataset, US Department of Agriculture FoodData Central, and WinDiets 2016. Categories (e.g. main meals, sweet snacks, fruit) were defined and the nutritional composition of all foods/drinks was examined across categories and sub-categories. One sample Wilcoxon signed ranks tests compared an average lunch in a menu cycle (total energy and nutrients provided by all school lunches ÷ number of lunches provided) against reference values (RVs), derived from dietary reference values apportioned for a school lunch.

Results: Over 180 hours of observations were conducted across the two schools. Discretionary food preparation practices (e.g. weighing ingredients by eye) were evident in both schools. Meals of the day were the most micronutrient-dense options, but catering staff reported they often went unchosen. Meanwhile, options such as pizzas, juice-based drinks and sweet snacks were reportedly much more popular. At both schools, the free sugar content of juice-based drinks (17.9 g; 18.5 g) and sweet snacks (15.5 g; 16.9 g) exceeded the RV for a lunch (8.6 g). Likewise, the sodium content of pizzas (928 mg; 904 mg) exceeded the RV for a lunch (714 mg), as did the saturated fat content (school 1 only) (8.1 g; RV = 7.9 g). An average lunch in both schools differed significantly from RVs for free sugar, fibre, calcium, iron, zinc, and vitamin D ($P < 0.01$).

Conclusions: Important challenges for school food providers and policymakers include reducing free sugar content and increasing the micronutrient density of school food. Contextual factors present within schools (e.g. catering practices, students' food choices) should be considered when looking to enact any such school food changes.

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P24-111-23 Anemia and Minimum Acceptable Diet Among Senegalese Children 6-23 Months Old: Baseline Analysis From the IIMAANJE Randomized Controlled Trial

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Objectives: To explore sociodemographic characteristics associated with meeting a minimum acceptable diet (MAD) and anemia status in participants in the IIMAANJE Randomized Controlled Trial (RCT) which uses a mobile voice and text messaging intervention aimed at improving infant and young child feeding practices.

Methods: A cross-sectional analyses of children living in 102 villages in three regions (Thies, Diourbel and Fatick) regions of Senegal was conducted in May–June 2022. Parents provided written informed consent and the household had to be a member of a village farming group to be eligible. MAD was calculated based on a 24-hour recall using the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) indicator. Hemocue finger prick machines were used to measure hemoglobin levels to determine anemia status. Binary logistic regression was used to explore the associations with meeting MAD and anemia status as dependent variables.

Results: Of the 488 children recruited, 51.4% were male, mean age of 11.9 months, 56.2% came from the Thies region, and 70.8% came from the Wolof/Lebou ethnic tribe. Whilst 60% of the mothers had not attended formal education, 45.5% reported not being able to read/write in any language. Most [88.9%] of the children did not meet MAD, 69.3% were anemic and 62% had a fever in past 2 weeks. In the adjusted model, living in Diourbel [OR 3.27, 95% CI: 1.67, 6.39], child's age [OR 1.18, 95% CI: 1.09, 1.27] and mother's age [OR 1.07, 95% CI: 1.03, 1.11] were independently associated with higher odds of meeting MAD. In the anemia model, living in Diourbel [OR 2.43, 95% CI: 1.48, 3.98] and male children [OR 2.13, 95% CI: 1.41, 3.21] had independently higher odds of being anemic even after adjusting for other covariates.

Conclusions: We found a high prevalence of anemia and poor diet quality among infants and young children in Senegal prior to our intervention implementation. We anticipate that the voice messaging intervention will help to improve diets and nutrition outcomes among this population.

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P24-112-23 Understanding Commitment of Local Food Banks, Faith-Based Organizations, and Schools To Provide Sustained Non-Government Food Programs

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Objectives: Food-insecure households typically receive non-government food assistance through faith-based organizations, schools, and food banks. These organizations are committed to providing this assistance, but little is known about the basis for their commitment. This study aims to examine the values and identities of community organizations to understand the reasons for commitment to providing non-governmental food assistance.

Methods: Thirty-three in-depth interviews were conducted with leaders at faith-based organizations ($n = 16$), schools ($n = 10$), and a local food bank in one state in the Southeast region of the United States. Organizations were selected via purposeful maximum variation and snowball sampling. Observations were made, and related documents were reviewed. Analysis was guided by concepts of organizational values and policy science. Thematic analysis was conducted on observation notes and verbatim interview transcripts using MAXQDA software.

Results: All community organizations believed hunger to be a tangible need and wanted to improve community well-being by ending hunger. Organizations assumed their non-government food programs served as a gesture of kindness and a supplement for hungry families. Seeking to improve the well-being of the community by ending hunger was not the primary value for the organizations' commitment; instead, their commitment to these programs was supported by values such as forming or maintaining relationships within the community, maintaining identity, and appealing to their participants. Non-government food programs offered participants volunteer opportunities with the food banking network, which in turn increased financial support for sustaining these programs. School participants regarded themselves primarily as a support system that facilitated food