P8 (continued)

and hands-on activities included: preparation of pureed foods, sensory evaluation and use of thickeners.

Evaluation: Participants (23/57) from six workshops completed a follow-up telephone survey. Respondents included volunteers, caregivers and managers of adult family care homes. Most respondents (61%) were directly involved in menu planning or food preparation and 64% of respondents reported having clients with chewing and swallowing problems, while 57% reported that they currently serve pureed foods. Respondents (100%) stated that their knowledge and skills had improved as a result of attending the workshops, and 80% had implemented skills they had learned at the workshop.

Conclusions and Implications: Education on chewing and swallowing problems, texture modification, and the nutritional needs of the frail elderly is needed. Extension can successfully meet this need with significant impacts on knowledge, skills and practices.

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P9 “Is It Whole Grain?” Program Improves Older Adult Whole Grain Knowledge and Increases the Desire to Eat More Whole Grains

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Objective: This pilot study evaluated the “Is It Whole Grain?” program for community-residing older adults (age 60+).

Study Design, Setting, Participants, and Intervention: “Is it Whole Grain?” is a three week (one hour per class) program that incorporates whole grain (WG) discussion, hands-on activities and taste-testing. Participants completed WG knowledge questionnaires and the Dietary Screening Tool at the beginning of Class 1 (Pre) and Class 3 (Post). Classes took place at one congregate meal site, two low-income senior apartments, and four retirement communities. Sixty people started; 59 completed (98.3% completion rate). Participants were primarily educated, white females, age 81+ years, who were at “possible” nutritional risk.

Outcome, Measures and Analysis: Descriptive statistics assessed general sociodemographic data and intention to eat WGs. McNemar Test measured knowledge change and paired t tests assessed changes in WG intake frequency and nutritional risk from Pre to Post.

Results: The number of participants who correctly identified WG consumption as beneficial for reducing cancer (Pre=22, Post=45; $p=.0005$), heart disease (Pre=31, Post=45; $p=.001$) and diabetes (Pre=28, Post=39; $p=.013$) risk and who correctly identified the three steps to choosing WGs (Pre =19, Post =33; $p=.007$) significantly increased. No significant change was noted in WG intake frequency or nutritional risk. At Post, nearly all ($n=49$, 83.1%) intended to eat more WG foods, with most ($n=34$, 69.4%) reported a strong intention to do so.

Conclusions and Implications: These results suggest that “Is it Whole Grain?” is a useful strategy for educating

older adults about WG since it is effective at improving WG knowledge and promoting the desire to consume more WG among older adults.

Funding: Iowa State University Extension and Outreach Excellence in Extension Grant

P10 Child Food Intake and Habits at Intervention Baseline: iCook 4-H

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Objective: To determine baseline food behavior of children enrolled in an obesity prevention intervention.

Study Design, Setting, Participants, and Intervention: Children were assessed at the start of a 2-year, parent and child dyad based, obesity prevention intervention, conducted in 5-states in community locations.

Outcome, Measures and Analysis: Children's demographic information and dietary behaviors were assessed through surveys and frequencies were calculated. Parents assisted children in completing a Block Food Frequency.

Results: Children ($N=220$; mean age=9.8±.6 years) were 52% female, and ethnicity was reported as 65% white, 14% Hispanic, 13% black, and 8% other. Most children (67%) ate breakfast every morning; 85% of evening meals were eaten at home. Macronutrient content of meals was on average: 17% protein, 49% carbohydrate, and 35% fat; with 13% of calories coming from saturated fat. An average of 7 tsp. of added sugar, 1.8 cups of dairy, .8 cups vegetables, and 1.6 cups fruit were consumed per day.

Conclusions and Implications: Although the majority of children consumed breakfast, the percentage is below optimal. Macronutrient intakes met the Acceptable Macronutrient Distribution Range (AMDR); however, fat intakes are at the top percentage of the AMDR and saturated fat intakes are higher than recommended. Children may need to consume breakfast on a daily basis along with less saturated fat and more dairy and vegetables.

Funding: USDA

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P11 Assessing the Food Behaviors of Recently Resettled Refugee Families to Better Tailor the EFNEP Intervention

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