P29 Developing Nutrition Research Capacity at the Tanzania Food and Nutrition Centre through Collaborative Training and Technical Assistance

Pamela Rothpletz-Puglia, EdD, RD, pr.puglia@rutgers.edu, Rutgers University, 65 Bergen Street, SSB 157, Newark, NJ 07107; Joyceline Kaganda, PhD, Tanzania Food and Nutrition Centre

Objective: The Tanzania Food and Nutrition Centre (TFNC) formed a partnership with Rutgers School of Health Professions (SHP), Department of Nutritional Sciences (DNS) to build nutrition research capacity in systematic review and qualitative research skills.

Rationale: The TFNC organizes nutrition research in Tanzania and advises the Tanzanian government on key matters related to nutrition. Due to this responsibility, they sought continuing education in nutrition research methods from Rutgers faculty for capacity building.

Description: The TFNC director and a Rutgers faculty member participated in the in-person, 10 day WHO/Cochrane/Cornell Systematic Review Summer Institute for Systematic Reviews in Global Nutrition Policy Making to meet the systematic review learning need. Post-training, a systematic review title and protocol were developed through remote communication with the author team. The qualitative research learning need was met with the provision of online education to TFNC staff. Rutgers faculty provided 3 months of education including modules on qualitative approaches, data collection, data analysis, and research protocol development.

Evaluation: The objectives for this research education training were met: A Rutgers faculty member and the TFNC director participated in systematic review training, and a protocol with TFNC and Rutgers authors was submitted to Cochrane for review. Twenty TFNC staff participated in qualitative research online education taught by Rutgers faculty, and the TFNC staff developed a qualitative nutrition research protocol.

Conclusions and Implications: It is feasible and productive to provide education and technical assistance through a combination of in-person and online training methods. The training resulted in sustainable research skills and in two research protocols that will be conducted collaboratively with TFNC staff and Rutgers faculty.

Funding: Rutgers Centers for Global Advancement and International Affairs (GAIA Centers) through an International Collaboration Research Grant, Rutgers SHP Department of Nutritional Sciences

P30 Dietitians in the Kitchen Impact Cardiovascular Disease Prevention

Nancy Tschiltz, MS, LDN, RD, Walter Reed Military Medical Center; Joy Halsey, LDN, RD, CDE; Arn Eliasson, MD, aheliasson@aol.com, Walter Reed

Military Medical Center, Cardiology Div, 8901 Wisconsin Avenue, Building 17, 2A, Bethesda, MD 20889; Mariam Kashani, DNP, CRNP, Walter Reed Military Medical Center, Bethesda, MD; Elaine Walizer, MSN, RN; Todd Villines, MD; Marina Vernalis, DO

Objective: To describe a successful dietetics intervention in an integrative cardiovascular health program.

Theory, Prior Research, Rationale: Amid the CVD epidemic, opportunities to learn basic cooking skills are decreasing while rates of eating out are continually increasing. Our research kitchen offers a unique opportunity to teach simple, Mediterranean-style, heart-healthy cooking techniques for use at home.

Description: The Integrative Cardiovascular Health Program (ICHP) follows evidence-based guidelines to measure CVD risk and contributory lifestyle behaviors. Subsequent interventions include a workshop, behavioral prescriptions, and coaching follow-up over 6 months, including appointments with a dietitian for diabetes education. The four-hour interactive workshop presents overviews on diet, exercise, stress management, and sleep. The program's capstone is a food preparation demonstration and Mediterranean-style meal in the research kitchen by a Culinary Institute of America-trained chef/Registered Dietitian. The goal is to teach simple recipes that taste good and empower attendees to plan, shop and prepare healthy meals at home.

Evaluation: After workshop participation, patients (n=603, mean age 57±12 years, 44% men) expressed strong likelihood to try Mediterranean-style recipes (mean 3.8 of 4 points). Satisfaction was 99% with the Mediterranean-style meal. Confidence was strong in 95% of patients regarding where to shop for food. At program completion, 88 of 161 patients with prediabetes (55%) normalized fasting glucose. Of 221 patients with hypercholesterolemia, 96 (43%) normalized total cholesterol. Overweight patients (n=491, 81%) averaged 2.1 kg weight loss.

Conclusions and Implications: Interactive experiences in a research kitchen with dietitians teaching recipe planning, shopping, and meal preparation, enhance cardiovascular health outcomes.

Funding: The Henry M. Jackson Foundation for the Advancement of Military Medicine

P31 Do Race and Insurance Matter? Exploring Differences in Response to an Educational Intervention on Cancer Prevention

Alison Berg, PhD, RD, LD, alisonberg@uga.edu, University of Georgia, 280 Dawson Hall, Athens, GA 30602; Swarn Chatterjee, PhD, University of Georgia

Objective: To explore relationships of demographics, insurance status, cancer screening history, and intention to implement cancer preventive behaviors (screening, nutrition, and physical activity) among participants of an

Continued on page S35

P31 (continued)

Extension program: Cooking for a Lifetime of Cancer Prevention (C4L).

Study Design, Setting, Participants, Intervention: C4L is an educational intervention (2.5 hours) designed to improve intention to implement cancer preventive nutrition, physical activity (PA) and screening recommendations, particularly among uninsured women. Participants ($n = 281$) were 100% female (52 ± 14 y, 40% Black, 39% Hispanic, 35% uninsured).

Outcome Measures and Analysis: Demographics, breast, cervical, and colorectal cancer screening history, screening intention, and intention to implement nutrition and PA recommendations were assessed using a researcher-designed questionnaire administered post-intervention. Probit models were used to estimate binary variables and ordinal regression analyses explored relationships of participant characteristics with intention to implement recommendations.

Results: Preliminary analyses suggest Black ($b = 0.579$, $P < 0.01$) and Hispanic ($b = 0.862$, $P < 0.01$) participants were more likely to intend to implement recommended nutrition and PA behaviors than Whites. Those with Medicaid were less likely to intend to implement nutrition and PA behaviors than those with private insurance ($b = -0.601$, $P < 0.05$). Black respondents who had not recently been screened were more likely to intend to get screened ($b = 0.464$, $P < 0.05$).

Conclusions and Implications: Black and Hispanic women may be more likely to respond to educational interventions regarding cancer prevention, while those with Medicaid may be less likely to respond. Further study is needed to elucidate why this intervention is more or less effective for some groups.

Funding: American Cancer Society

P32 Effectiveness of a Community-based Family Nutrition and Cooking Program in East Lubbock, Texas: A Pilot Study

Oak-Hee Park, PhD, RD, oak-hee.park@ttu.edu, Texas Tech University, 1301 Akron Avenue, Lubbock, TX 79409; Rachel Brown, Texas Tech University; Saranee Medina; Linda Hoover, PhD, RD

Objective: To assess the impact of a community-based family nutrition and cooking program (Let's Cook, Eat, and Talk, LCET) to improve nutrition knowledge, family meal frequency, and fruit and vegetable consumption.

Study Design, Setting, Participants: Social Cognitive Theory was employed to explain healthy eating behavior through reciprocal interactions of three factors: personal (e.g., nutrition knowledge), environmental (e.g., home food environment) and behavioral factors (e.g., fruit and vegetable consumption). The LCET curriculum was developed by 5 nutrition educators, and it includes preparation of healthy and economic meals, grocery shopping, food safety, family

cooking and communication skills. Forty-five families were recruited through community events. Among them, 13 families with at least one child ($n = 39$) were invited to the pilot study (4 Sundays).

Outcome Measures and Analysis: Overall satisfaction of the program ($n = 26$), pre- and post-survey ($n = 13$ families), and participants' interview ($n = 8$) were conducted.

Results: Ninety-five percent of participants were satisfied with the LCET program. Cooking with professional chefs, learning how to make healthy dishes from different cultures, learning and practicing portion sizing, and practicing communication at the family table were the most satisfactory components of the program. A paired samples t-test revealed that there was a significant improvement of nutrition knowledge ($p < .05$), especially portion sizing and MyPlate. However, fruit and vegetable consumption was not improved. Family meal frequency was improved, but not significant.

Conclusions and Implications: LCET was effective to improve nutrition knowledge and provided motivation to cook healthy family meals at home, but factors such as limited budgets, time, and family cooking preferences (such as frying method) were still barriers.

Funding: US Department of Education

P33 Effectiveness of the Fresh Rx Program in Food Bank Clients with Chronic Disease

Leslie Lauck, BS, Oklahoma State University; Gail Gates, PhD, RD, FAND, Gail.gates@okstate.edu, Oklahoma State University, 301 Human Sciences, Stillwater, OK 74078

Objective: To determine the impact of the Fresh Rx program of the Regional Food Bank of Oklahoma on clients with obesity, hypertension, and/or diabetes.

Study Design, Setting, Participants, Intervention: 120 food bank clients diagnosed with obesity, hypertension, and/or diabetes were recruited by two low income clinics to participate in the Fresh Rx Program for nine months. The program combined access to healthy food through a free mobile market, food tastings, brief nutrition and lifestyle education, and medical care.

Outcome Measures and Analysis: A short survey and clinical measures of BMI, blood pressure, and hemoglobin A1c were used to assess the effectiveness of the program using chi square and ANOVA.

Results: Fresh Rx program participants reported becoming food secure, and having increased access to fresh fruits and vegetables and improved perceptions of their health and control over their health. Satisfaction with the program was overwhelmingly positive. However, reported intake of fruits and vegetables, clinical measures of body weight, blood pressure, and diabetes control were not improved.

Conclusions and Implications: The program combined food distribution, nutrition education, and health screenings as an effective way to positively

Continued on page S36