P157 (continued)

their counseling skills. In a mock hospital room with a 2-way mirror, a theatre student acts out a patient scenario and nutrition students conduct a nutrition assessment. After the simulation, the theatre student and nutrition instructor provide feedback regarding counseling skills. A week after the simulation, students complete a nutrition care plan and reflect on the experience.

Evaluation Methods: An IRB-approved survey was sent by email to individuals who participated in Healthcare Theatre. Before distribution, the survey was pilot tested for face validity and content. The final version of the survey included 19 questions which asked respondents to evaluate their confidence in counseling skills, give feedback for improving the program as well as provide demographic information.

Results: Of the 121 respondents, 110 (91%) were female, 102 (84%) were white/Caucasian and 92 (76%) were between 21-26 years of age. After participation, 99 (82%) reported feeling more confident in rapport building skills and 112 (93%) stated receiving immediate feedback was helpful or very helpful. Respondents stated the experience improved their nutrition interviewing skills and ability to ask open-ended questions. To improve the program, students requested more opportunities to participate in Healthcare Theatre.

Conclusions: The Healthcare Theatre Program is an effective method for developing counseling skills in nutrition students.

Funding: None.

P158 Implementation of an I + PSE Technical Assistance Opportunity to Reduce Childhood Obesity: A Qualitative Evaluation of Facilitators, Barriers, and Outcomes

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Background: Childhood obesity is disproportionately higher among low-income women and children, racial and ethnic minorities, and rural populations. To effectively promote sustainable change, healthy eating and active living (HEAL) initiatives are beginning to apply an individual + policy, systems, and environmental (I + PSE) framework for change.

Objective: Development of strategic plans to include I + PSE into 4 states' nutrition programming.

Study Design, Setting, Participants: Four, State Department of Public Health, Title V, maternal and child nutrition leaders participated in a 12-month technical assistance (TA) opportunity to develop strategic plans to include I + PSE into each state's nutrition programming. TA was delivered through a combination of online

modules, community of practice group meetings, and individual coaching sessions.

Measurable Outcome/Analysis: Semi-structured, in-depth interviews were conducted post TA delivery with the 4 state nutrition leaders. Interviews were audio-recorded and transcribed verbatim. Two independent coders used qualitative content analysis to analyze the data characterizing themes and sub-themes.

Results: Facilitators to implementing I + PSE in state program planning included having education delivered through online modules, a community of practice to discuss ideas and issues that arose, individual coaching to address local barriers to implementation and supervisor support. Barriers identified were time and funding limitations, working in isolation, and lack of self-efficacy and infrastructure. Co-learning helped TA participants to overcome stagnancy and promote development of creative solutions. Participants recognized relationship-building as integral to systems development.

Conclusions: The TA identified factors that drive improved nutrition programming utilizing I + PSE in the planning process. Inclusion of both upstream and downstream influences is key to achieving optimal impact to improve HEAL in individuals and communities.

Funding: Health Resources Services Administration, Maternal and Child Health Bureau.

Nutrition Education Research Methods

P159 Participant Characteristics in a Community-Based Diabetes Education Program for South Asians

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Background: Type 2 diabetes is highly prevalent among South Asians/Asian Indians (AI) in the US, but standard Diabetes Self-Management Programs (DSMP) do not address AI's cultural characteristics. There is a gap of knowledge about AI's nutrition- and healthcare-related behaviors that are likely to influence diabetes outcomes.

Objective: To describe nutrition and diabetes care-related characteristics of AI who participate in DSMP.

Study Design, Setting, Participants: Cross-sectional baseline data were collected through group-administered surveys among 40 AI adults prior to participating in community-based DSMP in New Jersey in 2019. Anthropometric data were measured by trained research staff.

Measurable Outcome/Analysis: DHQ III semi-quantitative food frequency questionnaire and Healthy Eating Index 2015 (HEI) were used to measure dietary quality; Asian food preference at home was also collected. Diabetes

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