O30 (continued)

partnership with the WIC Program in Ventura County, CA.

Study Design, Setting, Participants: Mixed methods were used in a pilot study with adult English- and Spanish-speaking WIC clients (n = 358) utilizing the Family Kitchen online cooking education program to meet their WIC nutrition education requirements. Surveys were self-administered before and after watching an online cooking education video.

Measurable Outcome/Analysis: Descriptive statistics and bivariate relationships including Chi-square analyses were conducted to determine the association between demographic variables (e.g., age, education, race/ethnicity, income, and language spoken at home) with rates of food insecurity measured using the USDA six-item short-form food security (FS) scale and a question about the impact of COVID-19 on food access. Responses regarding food access were coded for themes and subthemes using thematic analysis.

Results: A total of 47.5% of study participants were food insecure (35.5% low FS, 12.1% very low FS) and 36.1% reported difficulty with food access. Older study participants (30+ years) were more food insecure than younger participants (18-29 y) - 51.7% versus 38.8% (P = .05). Spanish-speakers experienced greater difficulty accessing food during the pandemic than English-speakers - 44.1% versus 31.4% (P = 0.02). Major themes identified for these difficulties included fear of leaving the house, lack of food available at local stores, loss of employment, and increased childcare responsibilities.

Conclusions: Low-income, Spanish-speakers are particularly at-risk for higher rates of food insecurity and more difficulty accessing food, due in part to minimal resources and fragile work-life relationships. Increasing cooking skills among WIC parents may support better outcomes and merits further research.

Funding: Share our Strength/No Kid Hungry.

O31 Feasibility of a Synchronous Virtual Hypertension Management Program for Community-Dwelling Older Adults Through Extension

Rebecca Rosenstein, MS, yho@umd.edu, University of Maryland College Park, 0112 Skinner Building, Colle Park, MD, 20742; Cheryl Bush, MS, LDN, RDN, University of Maryland Extension Family and Consumer Sciences; Jennifer Dixon Cravens, MS, University of Maryland Extension Family and Consumer Sciences; Mona Habibi, PhD, University of Maryland Extension Family and Consumer Sciences; Shauna Henley, PhD, University of Maryland Extension Family and Consumer Sciences; Beverly Jackey, MS, RDN, LDN, University of Maryland Extension Family and Consumer Sciences; Jeanette Jeffrey, MS, MPH, MCHES, University of Maryland Shore Regional Health; Jinhee Kim, PhD, University of Maryland Extension; Lisa McCoy, MS, University of Maryland Extension; Dhruti Patel, MS, PG Dipl, University of Maryland Extension; Theresa Serio, MS, University of Maryland Extension; Heejung Song, PhD, University of Maryland College Park - Department of Nutrition and Food Science

Background: Hypertension (HTN) represents a primary risk factor for many chronic diseases. Two-thirds of older adults have HTN with the lowest control rate. A system-level approach through a partnership with Extension can potentially tackle this disease. Also, synchronous virtual programs can provide flexible and interactive learning opportunities to older adults isolated during COVID-19.

Objective: To describe the feasibility of a virtual HTN management program and assess its efficacy in improving mediators of HTN-related behavior changes.

Study Design, Settings, Participants: This study was a non-controlled, pre-post experimental intervention implemented in (state). The virtual synchronous HTN program comprised of eight-week sessions was advertised and available via Zoom at three different time frames. Reflecting the realities of community participation, it was not mandatory for participants to attend all eight sessions. A total of 74 primarily hypertensive older adults aged ≥55 years old participated in the program and completed online pre and post-surveys.

Measurable Outcome/Analysis: For: each session, online pre and post-surveys adopted from a validated tool were used to assess key HTN-related constructs including self-efficacy, perceived benefits, and stages of behavior change. Descriptive statistics and paired t-test (or Wilcoxon signed-rank test) were used for analysis.

Results: A total of 74 older adults attended at least one session (three on average), and about 15 participants completed pre and post-surveys per session. Study findings presented increases in self-efficacy for desirable behaviors to manage HTN in the Grains (P = 0.012), Fruits & Vegetables (FV) (P = 0.024), Meats & Other Proteins (P = 0.035), and Fats & Sweets (P = 0.034) sessions. Also, the perceived benefits of modifying eating patterns was improved in Sodium (P = 0.004), Grains (P = 0.001), and Meats & Other Proteins (P = 0.034) sessions. Further, participants showed improved readiness to change for the Grains (P = 0.011) and FV (P = 0.046) sessions.

Conclusions: A synchronous virtual HTN program for hypertensive older adults is feasible and effective in improving key constructs related to HTN. Collaborative partnership with Extension is a promising approach to ensure program sustainability.

Funding: USDA.

O32 Wa-Shokuiku-Learn. Cook. Eat Japanese! - Innovative Food Education Program

Mayumi Uejima-Carr, BA, MBA, wa-shokuiku@tablefor2.org, TABLE FOR TWO USA, PO Box 1103, New York, NY, 10163; Torie Silverstone, MS, RDN, CSP, TABLE FOR TWO USA

Continued on page S17