

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.

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

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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.

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

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