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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.

Funding: USDA.

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

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Objective: The Wa-Shokuiku—Learn. Cook. Eat Japanese! - food education program aims to: expand participants' palates by teaching how to prepare tasty and healthy dishes using Japanese cuisine techniques, spark discussion about manners, respect towards food and its producers, and discuss major food-related issues such as obesity and food waste and daily actions they can take on the issues.

Use of Theory or Research: Food education serves an important role in establishing healthy eating and lifestyle habits to avoid diet-related diseases. US students receive less than 8 hours of nutrition education each year, far below 40-50 hours that are needed to behavior change according to the survey in 2014. Wa-Shokuiku fills this gap.

Target Audience: K-12 public school students in the U.S in multiple States such as Washington DC, Virginia and California.

Program Description: Wa-Shokuiku is a unique educational program that combines the concepts of Washoku (Japanese cuisine) with Shokuiku (food education). Class models include in-person, online-live and hybrid where

students are present together in the classroom and the instructor is streamed live. Japanese food is known as one of the healthiest diets. And Japan is the only country to implement the "Basic Law of Shokuiku" and have comprehensive food education as a mandatory curriculum. We adopted the philosophy of Japanese food education and adjusted the contents and recipes for American students.

Evaluation Methods: Students completed pre and post-class surveys from 2019 to 2021 to indicate skill attainment and behavior change. Pre and post survey results were compared to see the change.

Results: K-12 students who have completed the program improved their ability to identify the components of a healthy meal from 57% to 94% and that a meal should end before overeating from 57% to 76%. Over 96% indicated an intention to continue practicing the skills at home.

Conclusions: The implementation of Wa-Shokuiku programs using various formats such as online-live, hybrid has improved the students' knowledge and behavior on healthy eating.

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