Direct Service Providers’ Facilitators and Barriers to Providing Optimal Nutrition for Adults With Disabilities

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Background: Adults with disabilities are at greater risk for health problems that can be prevented and managed through diet and lifestyle modifications. Research reveals direct support professionals (DSPs) who serve adults with disabilities have limited nutrition knowledge, making it difficult to serve and promote healthy eating.

Objective: Identify DSP’s barriers and facilitators to nutrition education and promotion of healthy dietary patterns to improve the nutrition of adults with disabilities.

Study Design, Settings, Participants: This study was part of a larger formative study, seeking to understand how to use social media to educate DSPs on nutrition. This qualitative study interviewed 18 DSPs working in group homes and day programs from 5 different organizations throughout New Jersey. Sessions were conducted in a combination of 8 one-on-one interviews and focus groups both in person and via Zoom. Interview questions related to food preferences and dietary practices of the clients served.

Measurable Outcome/Analysis: Interviews and focus groups were audio-recorded and transcribed. Three members of the research team reviewed the transcripts separately to make a list of preliminary themes. The research team met to discuss, finalize, and collapse preliminary themes.

Results: DSPs self-reported facilitators include: recognize benefits of healthy eating for themselves and clients; make nutrition and eating fun to promote healthy dietary patterns; and motivate to overcome obstacles in work settings to promote healthy eating for clients. DSPs self-reported barriers include: clients’ preferences and knowledge around nutrition; lack of communication throughout the care process; and limited resources to implement nutrition programs.

Conclusion: While barriers exist to implement healthy food choices in group homes and day programs, DSPs recognize the benefits of healthy eating and have motivation to overcome obstacles. When educating DSPs, program development may consider ways to provide fun, accessible, and easy-to-understand nutrition information that can be adopted in a variety of settings.

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Evaluate Grocery Store Access Influence on Food and Beverage Shopping Habits of Meal Kit Intervention Participants

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Background: Low food access is defined as >1 mile and >10 miles from the nearest grocery store for urban areas (suburban/urban) and rural areas, respectively. Communities with low access have difficulty obtaining nutrient-dense foods as they are often also food deserts. Healthy meal kits (MK) can increase access to nutritious foods, especially in low-access areas.

Objective: To determine if grocery store (GS) access influenced food and beverages shopping habits of MK intervention participants.

Study Design, Settings, Participants: Families with low income and ≥1 child, in rural (N=39), suburban (N=24), and two urban (N=47) communities received ingredients and instructions to prepare three dinner meals/week for six weeks. Participants completed a demographic survey at baseline and a consumer choice survey at baseline, after ≥1 month exposure to MK and at long-term follow-up (LTFU).

Measurable Outcome/Analysis: Demographics, distance to a GS, food and beverages shopping habits were analyzed using descriptive statistics. The Wilcoxon Signed Rank test was used to determine significance.

Results: Participants (N=110) were non-Hispanic (95.5%) and female (91.8%) with an annual household income of <$35,000 (82.6%). In the rural community, participants (59.0%) had high GS access and while those in the suburban (83.3%) and urban communities (89.4%) had low access. After MK exposure, participants changed the frequency of their shopping habits at a supercenter (p=0.015), convenience store (p=0.022), and restaurant (p=0.023). Participants shopped less frequently at a supercenter, convenience store, and restaurant per week and month with no change in the shopping frequency for the supercenter and convenience store at LTFU. Participants shopped more frequently at a drug store (p=0.022), from an online grocery delivery/pick-up service (p=0.008), and restaurant (p=0.023) at LTFU.

Conclusion: Overall, participants with any access shopped less frequently at the supercenter, convenience store, and restaurant, and sustained those changes for supercenter and convenience store at LTFU. This suggests that participating in a meal kit program influences where and how often food is obtained during participation, but not after program cessation.

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Evaluate the Impact of a Healthy Meal Kit Intervention on Food Security and Fruit and Vegetable Intake at Post and Follow-up

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