when addressing PWB on college campuses may lead to better outcomes and should be investigated further.

**Funding:** None

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**Stakeholder Input for Creating and Implementing a Meal Kit Service Program in Communities With Low Income**

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**Objective:** To describe how community stakeholder (partners and target audience members) input was utilized to modify a meal kit (MK) program implemented in communities with low income.

**Use of Theory or Research:** Local partnerships increase the efficacy of community-based interventions. Recently, stakeholders provided feedback on the development and implementation of a healthy community-based MK program for communities with low income.

**Target Audience:** Partners (N=29) were representatives of organizations within each neighborhood who regularly engaged with the target audience. Input was also obtained from these eligible participants (N=38) who are SNAP-eligible main food preparers, ≥ 18 years and had ≥ 1 child in the household.

**Program Description:** A previously piloted 6-week MK program that improved dietary and cooking behaviors was modified based on stakeholder feedback. Participants received ingredients for three meals/week for a family of four, prepared by a local nonprofit or high school culinary students, and picked up at local partner sites.

**Evaluation Methods:** Partner meetings were held and recorded quarterly to gain insight from stakeholders. Partners were asked to provide input on best recruitment methods and program logistics through quarterly meetings. Target audience members completed a survey asking about preferred recipes, meal kit access, and barriers to preparing food at home.

**Results:** Partners suggested using text messaging, allowing an alternate pick-up person, and utilizing flexible pick-up windows to accommodate participant schedules or unexpected events. Target audience members preferred front door delivery (55.3%) and/or central pick up (55.3%) and noted that time (60.8%) and access to grocery store/transportation (51.4%), among others, are barriers to preparing food at home. While most MK were picked up during the scheduled windows, ≥ 5.5% used flex pick-up for various reasons. The overall retention rate from baseline to post was 82.7%.

**Conclusion:** Stakeholder input is critical for participant retention and community program success. MK program stakeholders provided data on barriers to accessing a MK service, suggested asking for feedback about communication preferences, and encouraged flexibility during pickup times.

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**The Acceptability and Efficacy of a Virtual vs Hybrid Wellness Program on Health Outcomes Among Faculty and Staff Post COVID**

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**Objective:** The purpose of this research was to determine the acceptability and efficacy of a virtual versus hybrid health and wellness program for university faculty and staff and improve health outcomes and well-being while mitigating stress post COVID-19.

**Use of Theory or Research:** Pender’s Health Promotion Model (HPM) was used to promote behavior change and a healthy lifestyle. The underpinnings were integrated into the wellness program with assessment tools, educational sessions, and a behavior tracking app.

**Target Audience:** The principal investigator (PI) recruited faculty and staff members at a northeastern university in the spring of 2022. Participants (n=61) included women (77%), 30-50 years of age (67.7%), and staff (30%) vs. faculty (70%) enrolled in the study.

**Program Description:** Participants were randomized to virtual (V) (n = 32) and hybrid (H) (n = 29) wellness intervention groups. Upon consent, participants completed biochemical data collection, the PI conducted intervention included 30-minute sessions on wellness, nutrition, exercise, yoga, sleep, and positive thinking. Participants set wellness related goals and tracked progress using a health tracking app, StickK.

**Evaluation Methods:** Following the intervention, participants V (n = 16) and H (n = 13) completed post-tests: cholesterol, blood pressure (BP), and weight screening, and pretest questionnaires, WHO-5 wellness (perceived life quality) and Perceived Stress Scale (PSS). The 6-week intervention included 30-minute sessions on wellness, nutrition, exercise, yoga, sleep, and positive thinking. Participants set wellness related goals and tracked progress using a health tracking app, StickK.

**Results:** The analysis revealed no significant change in outcome measures between groups. Qualitative data analysis revealed common obstacles for participation like time, illness, work, and family. Themes for ‘lack of participation’ included: increased faculty workload, increased prevalence of COVID-19, preferred online or hybrid ses-