workplace barriers and supports were identified across categories of educational attainment, student status, and ethnicity/race. For example, exercise facilities were more often available to participants who had a four-year college degree (29%) compared to those with no high school degree (11%) or a high school degree but no college degree (18%) (p = 0.003).

Conclusion: Public health interventions and policies are needed to address prevalent barriers to health behaviors and increase equitable access to supports.

Funding: NIH

Food Security Among Community-Living Older Persons in Malta: Consumption, Provisioning and Challenges
Suzanne Piscopo, PhD R.Nutr R.Eur Health Prom. Practitioner; Prof. Home Economist, suzanne.piscopo@um.edu.mt, University of Malta; Karen Mugliett, EdD, University of Malta

Background: Healthy ageing policies are a priority for the Maltese government, and ensuring nutritionally adequate diets is one of the foci. Given the lack of evidence on food consumption and provisioning among Maltese older persons, a study was conducted to offer some basic insights.

Objective: The study sought to uncover what community-living older persons eat in different meals, their source of food and related support, and challenges they face in food provision and consumption.

Study Design, Setting, Participants: A sequential mixed methodology approach was adopted involving a questionnaire-based survey followed by focus group interviews. Participants were recruited via Day Care centres, social media announcements and snowballing, and had to be non-institutionalised and 65 years or older.

Measurable Outcome/Analysis: Survey data was analysed to obtain frequencies on dietary intake at the food and meal level, common sources and support of food provisioning, and challenges faced. Interview data was analysed and coded for themes, and direct quotations selected, to provide depth on the survey findings.

Results: Two hundred and sixty-four older persons completed the survey and 24 persons actively participated in 3 focus groups. The majority were 65-70 years (41%), female (81%), married (53%) and living with another older person (48%). Foods and drinks consumed by more than 50% of the surveyees were: for breakfast, cereal with milk (69%), toast with spread (42%), fruit (40%), coffee (95%) and tea (79%); for lunch, soups (65%), meat dishes (52%), vegetables (49%) and pasta (48%); for supper, soups (44%) and bread with spreads (42%). Fruit was the most consumed snack (58%). Older people revealed difficulty in physically (17%) and financially (14%) accessing food. They most commonly bought food themselves (74%) from neighbourhood stores (44%). 39% stated they found it a challenge to eat healthily.

Conclusion: A majority of the surveyed older persons appear to be fairly food secure; however, further research is required to determine nutritional adequacy, related barriers, and to obtain data for very old persons not surveyed.

Funding: University of Malta

Household Size, Food Insecurity and Fruit and Vegetable Intake of Keiki Produce Prescription (Kprx) Program Participants
Monica Esquivel, PhD, RDN, monica@hawaii.edu, University of Hawaii at Manoa; Cherese Shelton, BS, Waianae Coast Comprehensive Health Center; Kenny Paresa, BA, Elepaio Social Services; Alicia Higa, BA, Waianae Coast Comprehensive Health Center; May Okihiro, MD, Waianae Coast Comprehensive Health Center; Alessandra Cuevas, University of Guam

Background: Fruit and vegetable (FV) intake is low among individuals residing in homes that experience food insecurity (FI). Native Hawaiian and other Pacific Islander (NHOPI) populations experience increased risk for FI and low FV intake. Household size may impact the resources available to address FI and FV. The Keiki (child) Produce Prescription (Kprx) Program was introduced to reduce address FI and FV intake among predominantly NHOPI children.

Objective: Explore the relationships between household size, FI, and FV consumption at baseline among Kprx program participants and their parents.

Study Design, Setting, Participants: A cross-sectional analysis of baseline data from the Kprx study was conducted. The Kprx program was delivered at the Waianae Coast Comprehensive Health Center (WCCHC). Eligible participants (2 to 17 years old; positive screen for FI; residing with on Waianae Coast; and English-speaking) were screened by pediatricians.

Measurable Outcome/Analysis: Food insecurity was assessed using the US Census Bureau Current Population Survey. Parent and child FV intake was assessed using the National Institutes of Health All-Day Screener which included 8 components (fruit, lettuce salad, French fries and fried potatoes, other potatoes, beans, other starchy vegetables, other vegetables, and vegetable soup). FI was assessed for 6-months, 30-days, FV coping strategies, and food program participation. Household size was obtained in Kprx surveys. Independent samples t-tests were used to evaluate the relationship between mean household size and FI measures and FV intake of parents and children.

Results: Household size greater than 5 was significantly related to higher intake of lettuce salad, other white potatoes, and beans (p<0.05, n=121) among parents and fruit, other white potatoes, and beans among children (p<0.05, n=121). Food insecurity coping strategies survey responses were higher among larger households (2.5 vs. 2.51, p<0.05, n=121).

Conclusion: Understanding the influence of household size on FI and FV can aid in tailoring interventions. Future research should investigate the additional influences of household income and composition of households (ie, number of adults and children) on the relationships identified.

Funding: NIH