Nur (continued)

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Background: Refugees face nutrition-related challenges due to their cultural uniqueness. These challenges make them at high risk for food insecurity and chronic diseases. Culturally appropriate nutrition education may help refugees better navigate the challenges of their new food environment and support healthier nutrition-related behaviors.

Objective: To assess the impact of the delivery of the culturally adapted Create Better Health (CBH) program on nutrition-related behavior of Somali refugees in Utah.

Study Design, Settings, Participants: A pre-test and post-test design were used. Somali refugee women were recruited from two communities in Utah. The women participated in community education and had access to laptop computers and smartphones. Twelve nutrition education lessons using CBH that was adapted for Somali refugees was delivered via Zoom. Each lesson lasted 2 hours.

Measurable Outcome/Analysis: Impact of nutrition education on nutrition-related behavior using the EFNEP behavior assessment survey. A Wilcoxon Signed Rank Test and descriptive statistics were performed using SPSS to assess changes in nutrition-related behaviors and to analyze demographic data. A frequency analysis was also performed using WebNEERS.

Results: Thirty-six women completed the program. Most participants (50 – 94%) made improvements in nine of the 11 indicators of diet quality (p<0.01), in two of three indicators of physical activity (p<0.01) and in three of four indicators of food safety (p<0.001). Participants made improvements in all nine food resource management indicators (p<0.001). Finally, improvements were made in all three food security indicators (p<0.03).

Conclusion: Culturally adapted nutrition education conducted in an online format is effective in improving nutrition-related behaviors in Somali refugee women. Because many women were still below recommended targets, further education would be beneficial. Although improvements were realized, the percentage of participants meeting recommendations remained below 50% for most parameters measured.

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Design of Implementation Protocols for a Health System-Based Produce Prescription Program: A Process Evaluation

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Objective: Develop and evaluate scalable, sustainable systems for implementation of a produce prescription program through pilot testing in a rural primary care setting.

Use of Theory or Research: Improved provider-patient relationships, visit compliance and health outcomes are associated with primary care integration of produce prescriptions. These interventions may improve quality and costs of healthcare. The Theory of Healthcare Acceptability recognizes provider and administrator buy-in as a key element of successful healthcare integration.

Target Audience: Clinic providers and administrators, study staff, research and IT personnel.

Program Description: Primary care patients are screened for enrollment in the Fresh to Flourish produce prescription program if they meet inclusion criteria: Adults with a chronic condition who are either food insecure; Medicaid members; or enrolled in SNAP. Participants receive $100 value of fresh produce vouchers redeemable at community food businesses offering local produce. Brief nutrition education is provided by a primary care provider at the enrollment visit and participants may attend optional live (in-person and virtual) or pre-recorded virtual nutrition education events offered by community-based SNAP-Ed providers. The intervention aims to track individual uptake of nutrition incentives and nutrition education for the evaluation of food security, dietary intake, biometric and healthcare utilization outcomes. This process evaluation focuses on development two crucial program implementation components required for program delivery and data collection for this intervention: clinical workflow integration; and data collection and management systems.

Evaluation Methods: Process evaluations include key informant interviews (n=4, from 1/5/22 to present), and review of meeting minutes (n=50, from 2/8/22 to present).

Results: Initial clinical workflow integration revealed barriers for patients (eg, transportation, appointment reminders) and clinical staff (eg, support staffing shortages, clinic admin staff limitations and physical space limitations). Development of data management and collection tools required technical skills and was incumbered by competing organizational priorities and staffing challenges.

Conclusion: Universal data collection and management systems will facilitate more efficient implementation and evaluation procedures for produce prescription interventions.

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Development and Evaluation of Food Preservation Lessons for Gardeners: Application of the DESIGN Process

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