Results: One hundred percent (100%) of senior respondents (n=17) indicated they tried the recipes demonstrated in lessons at home, increased vegetable intake, and were more physically active as a result of garden-related activities. PSE change efforts included: initiated use of onsite garden produce for meals/snacks provided onsite; initiated use of the garden for nutrition education; initiated opportunities for community to access fruits and vegetables from the garden; initiated opportunities for community to work in the garden; initiated and maintained edible gardens.

Conclusion: This project is an example of how multi-level SNAP-Ed programming (direct nutrition education and PSE garden intervention) can promote healthy eating and physical activity habits among older adults.

Funding: Supplemental Nutrition Assistance Program - Education

Impact and Acceptability of the Fresh Start Produce Rx Program on Food Literacy, Nutrition and Health
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Objective: The purpose of the pilot Fresh Start PRx (FSPRx) Program was to impact healthy food access and food literacy with rural, uninsured patients with diabetes.

Use of Theory or Research: The FSPRx Program was grounded in the socioecological model. Prior PRx research with a similar population included educational handouts and recipes and significantly impacted diet quality and glycemic control, however, lacked impact on food literacy. Therefore, PRx programming with more direct nutrition education support was warranted.

Target Audience: Uninsured patients diagnosed with type-2 diabetes in rural, Eastern North Carolina.

Program Description: The pilot 20-week FSPRx Program included the provision of fresh produce directly provided (3-5 lbs/class) to participants during nine group classes. The PRx focused on non-starchy vegetables and aligned with class cooking demonstrations, recipes, and taste testing per class. Group classes focused on improving food literacy and a healthy lifestyle and included activities/handouts developed and tailored for an under-sourced, lower-literacy audience. Additional behavioral support to set nutrition and physical activity goals were provided via individualized telephone-based health coaching.

Evaluation Methods: A validated food literacy questionnaire were collected pre/post program and a final program evaluation survey developed specifically to evaluate the FSPRx Program were conducted post-program. Data analysis included descriptive statistics and paired sample t-tests via IBM SPSS 28.0.

Results: Total food literacy scores increased by an average of 12.8 points which was statistically significant (p = 0.04, t = -2.16). Most participants reported being very satisfied (83.3%) or satisfied (12.5%) and that program helped them to better follow their medical providers nutrition recommendations (92.3%), improved diet quality (88.5%), increased access to fresh produce (84.6%), and willingness to try new/unfamiliar produce (80.8%). Participants used most (39.1%) or all (42.6%) of the produce provided and recipes (68%).

Conclusion: The pilot FSPRx Program integrated food literacy focused, tailored, nutrition education and behavioral support and was impactful and well-received. Nutrition education and behavioral support in support of food literacy should continue to be integrated and evaluated within PRx programming.

Funding: The Duke Endowment (Foundation)

Impact of a Nutrition Education and Physical Activity Intervention on Fruits and Vegetable Intake of Nigerian Immigrants
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Background: As African immigrants stay longer in the U.S., they experience dietary acculturation, characterized by increased consumption of processed and fast food, and reduced consumption of fruits and vegetables.

Objective: Evaluate the impact of “Pathway to Health” program on the fruit and vegetable intake (FVI) of Nigerian immigrants using the Veggie Meter (VM).

Study Design, Settings, Participants: Recent Nigerian immigrant families, with children aged 6-12 years and living in Illinois, participated in “Pathway to Health”, a culturally tailored, family-based nutrition education and physical activity intervention adapted from the Abriendo Caminos program aimed at Hispanics. Participants engaged in a 75 minute weekly video conference call for six weeks. The adult and child nutrition education component lasted for at least 35 minutes each week covering topics such as portion sizes, water, fruits and vegetables, grains and legumes, sugar and salt, and fats and protein.

Measurable Outcome/Analysis: Skin carotenoid levels (a biomarker for FVI) of parents and children were measured with a VM (Longevity Link Corporation, Salt Lake City, UT, USA) at baseline, one-week post-intervention, and at a two-month follow-up. Paired t-tests compared changes in the VM scores from baseline to post-intervention and from baseline to two-month post-intervention. Parents also participated in individual interviews to provide their perception of the program’s impact at one-week post-intervention.

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Impact of a Virtual Interactive Cooking Class Series on Nutrition Behaviors of Parents of Young Children

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Background: The COVID-19 pandemic made efforts to provide nutrition education and increase utilization of healthy foods more difficult. Cooking Matters is a national program that provides cooking classes for low-income families to promote cooking skills and healthy eating.

Objective: To develop and implement a virtual nutrition education intervention to reach low-income parents of children aged 0-5 in Georgia during the COVID-19 pandemic.

Study Design, Settings, Participants: The programming consisted of a 3-week cooking class series grounded in the Social Cognitive Theory and based on the Cooking Matters program curriculum. Classes were delivered virtually via Zoom once per week and focused on topics such as nutrition, cooking skills, child-engagement, grocery shopping, and budgeting. We enrolled 39 parents for the study, and 17 parents completed all three cooking classes in the series over the course of three weeks. A pre and post-test design was used to measure parents’ cooking knowledge and self-efficacy.

Measurable Outcomes/Analysis: A pre and post-test design was used to measure parents’ cooking knowledge and self-efficacy. Parent and child fruit and vegetable consumption was measured. Parent knowledge of the benefits of fruit and vegetable consumption, as well as parent self-efficacy in purchasing and cooking healthy meals was measured using Wilcoxon and McNemar’s tests in SPSS Version 27.0.

Results: The Wilcoxon signed-rank test showed that the cooking intervention yielded a statistically significant decrease (p = 0.02) in the number of parents who reported consuming sugar sweetened beverages, significant increases in parent reported self-efficacy in purchasing food in season to save money (p = 0.003), and an overall increase in parent self-efficacy (p = 0.015).

Conclusion: This study demonstrates that adapting in-person cooking classes to a virtual format due to the COVID-19 pandemic is engaging for parents and children and is an effective way to promote nutrition education to low-income families.

Funding: Share Our Strength - Cooking Matters Program

Impact of FVRx Programs on Fruit and Vegetable Intake, Cardiovascular Risk Factors and Food Security: A Systematic Review

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Background: Produce prescription (FVRx) programs have been established to support the consumption of fruits and vegetables (FVs), particularly among individuals at risk for diet-related chronic disease or food insecurity, through referral by a healthcare provider. To date, published literature on prescription programs solely focused on FVs has not been synthesized.

Objective: To examine the impact of FVRx programs on FV intake, cardiovascular risk factors and food security in children and adults.

Study Design, Setting, Participants: A systematic review with searches across five databases were completed. All records were uploaded into Covidence, a systematic review management software. Duplicates were removed and selection of studies was determined based on review of title/abstract and subsequent review of full-text articles by two independent reviewers. Disagreements were resolved by consensus with a third reviewer. Eligibility criteria included studies published in the US, in English between August 2012-2022. Eligible studies had to include exposure to a FVRx program (enrolled participants with or at risk for a diet-related chronic disease or food insecurity, referral by a healthcare provider, and use of a monetary prescription redeemed at a farmers’ market or grocery store) and an outcome of FV intake, cardiovascular risk factors, and/or food security.

Measurable Outcome/Analysis: Reported outcome data was extracted from eligible articles and synthesized. Across studies, findings were summarized for each outcome.

Results: A total of 949 records were identified and 248 duplicates were removed. Of the 701 titles/abstracts reviewed, 47 were identified for full text review. Twenty studies were selected for inclusion. Fifteen studies reported FV intake, 12 analyzed changes and 7 studies found a significant increase in FV intake. Cardiovascular risk factors outcomes were reported for HbA1c (n=7), blood pressure (n=8) and cholesterol (n=2) with mixed findings. Of the 7 studies that reported food security outcomes, 4 ana-