Implementing an Integrated Hypertension Management Program for Community Dwelling Older Adults Through Extension

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**Objective:** Hypertension (HTN) represents a primary risk factor for cardiovascular complications and cognitive decline among older adults. DASH-Plus (Dietary Approaches to Stop Hypertension diet with exercise and HTN self-care skills) aims to build a sustainable, community-based HTN management program for hypertensive older adults by combining research, extension and educational activities. This abstract reports the findings of baseline data and intervention implementation.

**Description:** Using a quasi-experimental design, 14 senior centers were recruited in seven Maryland counties. The intervention includes an eight-week DASH-plus education, weekly produce delivery for 24 weeks, and self-measured blood pressure (BP) monitoring. A HTN recipe booklet tailored to the nutritional needs of older adults was developed by dietetic students through a formal classroom setting. Implementation of the DASH-plus program was tracked through participant attendance and produce pickup logs and participant interviews. Measures included BP, self-care behaviors, diet quality, health literacy, etc.

**Evaluation:** A total of 187 older adults participated in the program. The average participant age was 74.2±7.7. A majority (88.2%) were female, 52.9% were White, 84.3% were overweight/obese and 96.8% took anti-hypertensive medication. Average systolic and diastolic BP were 138.3±20.5 and 79.1±11.2, respectively. The average medication adherence score was 10.9±1.5 (range 4-12) and only 28.3% had an adequate health literacy level. In our sample, 32.2% of the participants had controlled BP (defined as ≤130/≤80mmHg). There were no statistically significant differences in overall dietary quality scores between the two groups at baseline; however, a slight trend of self-reported diet aligns more closely with the DASH diet recommendations in the controlled BP group.

**Conclusions and Implications:** The second of this three-year project included recruitment of senior centers, hypertensive older adults, data collection at baseline, eight weeks and 24 weeks, and intervention implementation. In the third year, the delayed intervention will be prepared and implemented.

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Integrating Food Rx With Best Feeding Practices for Chronic Disease Prevention Among EFNEP Participants

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**Objective:** The long-term objective of this project is to improve eating patterns that support the prevention of chronic diseases among participants with low-income levels and their children in the Expanded Food and Nutrition Education Program (EFNEP). The short-term objective is to conduct a randomized controlled trial (RCT) with three arms: EFNEP nutrition education alone, the inclusion of an online parental feeding component in addition to EFNEP, and a Food Prescription (Rx) component added to the combined EFNEP and parental feeding curriculum.

**Description:** This RCT will investigate the use of an efficacious online video delivery of feeding content with Food Rx to prevent chronic disease in young children. The main study will include 375 parent/child dyads enrolled in EFNEP in Houston, Texas, and surrounding areas. Prior to implementing the RCT, qualitative work is currently being conducted with EFNEP participants to obtain feedback on the parental feeding component; modifications to the curriculum will be implemented. Individual interviews are being conducted with 20 EFNEP participants; these are conducted in-person or via Zoom in English and Spanish. Each participant completes three sessions covering the online materials (videos, infographics, and activities) and one online survey assessing the home food environment involving parental feeding practices, an inventory of cooking tools, and fresh produce intake.

**Evaluation:** Interview scripts containing open-ended, non-leading questions, follow-up questions, and prompts/probes are used. The interviews are transcribed and translated if needed. The transcripts are reviewed for accuracy, coded, and analyzed by trained research staff. Emerging patterns, discrepant data, and other issues will be discussed. Additionally, the research team will discuss and interpret suggested revisions to the feeding component and materials to incorporate into the parental feeding component.

**Conclusions and Implications:** Community research outcomes may improve the nutritional status of low-income individuals and their families. We anticipate that results from the RCT will shed light on the best feeding approaches for intervening with families with low incomes and the contributions of Food Rx programming.

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