INTRODUCTION
Seniors have experienced far-reaching impacts of the COVID-19 pandemic—including on nutrition, critical for healthful independent aging (1-6). Physical distancing measures have had profound consequences for seniors, denying them assistance with daily living from informal networks, congregate meals, and social opportunities. Maine’s seniors suffer disproportionately from poverty.

AIMS
The project aims to:
1. Deliver an innovative, pandemic-responsive nutrition education program to residents of low-income senior housing;
2. Assess implementation of the intervention;
3. Measure effectiveness on meal planning knowledge, attitudes, beliefs and skills (KABS), food security, diet, physical activity, socialization, health, and depression.

METHODS
- Residents of Westbrook Housing, Westbrook, ME ages 60+
- 8-week direct education intervention
- Pre- and post-assessment survey of sociodemographic information, health and nutrition behaviors, psychosocial measures
- Pre- and post- dietary recall (ASA-24)
- Paired statistical comparisons
- In-depth interviews with subset after intervention

INTERVENTION: Enhanced-10 Tips for Adults (e-TTA)
The e-TTA series reinforces messages on improving diet, increasing physical activity, and providing skills to purchase healthy foods on a budget. Each of the eight weekly sessions includes:
- A live nutrition education lesson delivered remotely
- A short instructional video on physical activity
- A simultaneous virtual/ in-person demonstration of a healthy recipe with taste test,
- A congregate meal, and
- A take-home ingredient pack for featured recipe.

University health professions students assist with the in-person components.

PRELIMINARY FINDINGS
Interim qualitative findings from IDIs indicate that overall, participants were pleased with the program and were very positive about the students who assisted with the intervention. Participating with a group was an important highlight of the program.

Implementation lessons learned to date:
- Interview modality for dietary recall surveys preferable to self-administration
- Importance of having a detailed implementation guide for staff to review
- Challenges retaining participation due to frequent illness or medical conditions

Outcomes to date:
Preliminary results indicate increased perception of importance of healthy meals (94.5 post vs. 87.1% pre); increase in frequency of meals made from scratch with whole, raw foods (70.9% post vs. 57.1% pre); increased attempts to make healthier changes in meals (92.7% post vs. 75.1% pre); increased confidence in ability to choose healthy foods to buy at the grocery store (98.2% post vs. 90.0% pre); increased confidence in ability to purchase healthy foods on a budget at the grocery store (96.4% post vs. 81.4% pre); and increased confidence in ability to cook healthy meals (94.6% post vs. 91.4% pre).

Our preliminary analysis indicates no significant changes in food security, loneliness, socialization (flourishing scale), or depression over the approximately 8-week duration of the program, although further analysis is required.

Preliminary analysis of the ASA-24 dietary recall data indicates increased intake of greens and beans, total fruit, whole fruit, whole grains, seafood and plant protein, fatty acid ratio, and overall Healthy Eating Index-2015 (HEI-2015) post-intervention. Mean HEI-2015 score post-intervention was 60.3 (SD 15.0) vs. 56.3 (SD 13.5) at baseline. An ideal overall HEI score of 100 reflects that the set of dietary recommendations from the Dietary Guidelines for Americans.

CONCLUSION
An evidence-based nutrition education series can be implemented in partnership with a health science university in a COVID-responsive way, to improve nutrition, diet, and other important outcomes for low-income seniors.

REFERENCES

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