

Asian American older adults in the adult day healthcare setting. Finally, we shift our focus to overnutrition, discussing the dissemination of a telehealth diabetes prevention program, BRInging the Diabetes prevention program to GERiatric populations (BRIDGE) among older adult meal program recipients. Older adults in community-based health settings are at risk of malnutrition, and among them, those who are prone to social isolation, are at highest risk for adverse outcomes. While congregate settings can facilitate social interaction, honoring food preferences and facilitating choice to address undernutrition, is challenging. Conversely, telehealth interventions may present a feasible approach for addressing overnutrition. We conclude by discussing how current and future research can inform innovative person-centered community-based approaches to identify and treat malnutrition.

#### **BARRIERS AND FACILITATORS TO DELIVERING PERSON-CENTERED NUTRITION FOR ASIAN AMERICANS IN ADULT DAY HEALTH SETTINGS**

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Malnutrition is a growing problem in community-based long-term care settings. Delivering person-centered nutrition is particularly important in congregate settings serving ethnically diverse older adults who have strong culturally-derived preferences around food. We conducted in-depth semi-structured multi-stakeholder interviews (N = 13) in an adult day health center (ADHC) serving Asian immigrants to explore the ADHC's capacity to deliver person-centered nutrition interventions. Thematic analysis showed ADHCs successfully promoted social interaction at mealtime. However, participants had limited choice and restrictions on additives, like sodium, making it difficult to honor participants' cultural preferences. Lack of flavor, limited choice, and rushed mealtimes, driven by center policies and procedures, disproportionately affected persons with dementia. Among those with dementia, clinicians disagreed whether nutrition should be used to manage chronic illness or whether a more palliative approach was warranted. One potential way to address this challenge would be to enable greater choice within a supportive ADHC mealtime environment.

#### **PARTNERING WITH NUTRITION SERVICES PROGRAM PROVIDERS TO DISSEMINATE EVIDENCE-BASED PROGRAMS USING TELE-HEALTH**

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Among adults  $\geq$  age 65, 48% have prediabetes and are eligible to participate in the Medicare-covered Diabetes Prevention Program (DPP). We conducted a six-week pilot study to evaluate the feasibility and acceptability of a telehealth-adapted DPP for Nutrition Services Program

(NSP) older adult meal program recipients. We enrolled NSP recipients (n=16) from a New York City senior center. These DPP participants attended weekly interactive DPP webinars and completed questionnaires covering lifestyle, physical activity, quality of life, and food records, and wore physical activity trackers. Retention was 75%; attendance averaged 80%; and weight loss was 2.9% (p=0.001). Our six-week pilot data suggest that a tele-adapted DPP intervention can achieve the Medicare reimbursement goals for attendance and 5% weight loss. We are surveying NSP recipients, who receive home-delivered meals, to evaluate the acceptability and feasibility of conducting a larger scale tele-adapted DPP intervention trial among NSP participants.

#### **MENTAL HEALTH AND HUNGER: RISK FACTORS FOR HOSPITALIZATION AMONG HOME-DELIVERED MEAL PARTICIPANTS**

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Home-delivered meals (HDMs) provided through the Older Americans Act (OAA) are intended to reduce hunger, promote socialization, and maximize wellness. However, HDM recipients are at increased likelihood of being hospitalized due to their complex health needs and risk for social isolation and depression. Drawing data from the OAA-HDM National Survey, we evaluated the predictors of hospitalization among HDM recipients in 2017. From our sample (n = 578), we conducted random forest classification analyses to identify the most important risk factors related to HDM recipient hospitalization. Our random forest model yielded an accuracy rate of 66.3% with risk factors most indicative of hospitalization being attributed to number of co-morbidities, depressive symptoms, and feelings of social isolation. These findings indicate that although HDMs may help alleviate hunger among older adults, innovate strategies are warranted to address the unmet mental health needs of HDM recipients.

#### **ASSESSING NUTRITIONAL RISK IN ADULT DAY SERVICES: UTILITY OF THE DETERMINE CHECKLIST**

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Older adults attending adult day services (ADS) often possess risk factors for malnutrition, such as chronic disease, physical disability, and cognitive impairment. We explored the utility of administering to ADS participants the DETERMINE Checklist - a measure of nutritional status. Among eleven participants (M age=77.3 years), 82% (n = 9) presented high nutritional risk. The three most common risk factors were: difficulty shopping, cooking, and/or feeding themselves (100%), making health-related dietary changes (63.7%), and taking three or more daily medications (63.7%). Our preliminary findings indicate that ADS participants may be at moderate-high risk of malnutrition; however, the DETERMINE Checklist may require modification for an ADS population. For example, the checklist may be more reliable if completed jointly by a participant and informal caregiver. We present recommendations for adaptations based on our pilot data as well as implications for ADS staff and clinicians.