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Tough Cookies: Hands On Nutrition at Woodside Juvenile Rehabilitation Center

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**Background**

Woodside Juvenile Rehabilitation Center provides a safe and secure environment to teenagers who have been remanded there by the court system for either short or long term care. We focused on nutrition at the center, particularly the evening snacks provided. The foods teens choose to eat are extremely important as total nutrient needs are higher in adolescence than during any other time in the life cycle (1). Little prior research on the nutritional beliefs or habits of institutionalized youth has been done.

Our goal was to improve the provided snacks, as some staff members were concerned that these were not healthy. Nutritional value of food is not a priority for many teens (1), despite the fact that they are usually well informed about good nutrition (2). Rather than simply dictate a menu change, we also attempted to assess and possibly modify resident attitudes regarding healthy food. We hoped to both provide a more nutritionally healthy environment and to teach knowledge and skills that would lead to long-term physical and emotional benefits in an at-risk population.

**Methods**

Data was obtained from baseline, interim, and post-intervention surveys administered to 15 teenagers residing at the Woodside Juvenile Detention Center in Colchester, Vermont. Surveys were designed to gain understanding of the residents’ baseline level of nutrition knowledge and values and to compare these with their knowledge and values following three sequential nutritional education interventions.

We presented three sessions to the residents. Each contained a short nutrition lesson followed by instruction and participation in a cooking activity. The cooking activities included a fruit smoothie making session, a nutritional snack bar making session, and a vegetable snack making session. Small surveys assessed learning before and after each session.

Data analysis was performed by evaluating changes between early and late surveys. Subjective open-ended comments were also used to evaluate resident opinions about our sessions.

**Results**

- **Fig. 1** Number of nights that residents cooked food for themselves before entering Woodside:

  - 0
  - 1 or 2
  - 3 or 4
  - 5 or 6
  - 7

**Fig. 2** Average percentage of correct answers on a multiple question survey about nutrition and the dietary needs of teenagers.

<table>
<thead>
<tr>
<th>Question Correct</th>
<th>Initial Survey</th>
<th>Final Survey</th>
</tr>
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<tbody>
<tr>
<td>55</td>
<td>74</td>
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**Fig. 3** Percentage of respondents who agreed that healthy snacks are boring before and after three snack making sessions.

- **Healthy snacks are boring**
  - Initial Survey: 60%
  - Final Survey: 50%

**Fig. 4** Percentage of respondents who agreed that they felt knowledgeable about nutrition before and after three snack making sessions.

- **I feel knowledgeable about nutrition**
  - Initial Survey: 60%
  - Final Survey: 70%

**Conclusions**

The initial survey revealed that the majority of residents reported that they wished they had more healthy snacks and thought that knowing how to prepare food would help them eat healthier.

Two thirds of the residents wanted regular programs where young adults can also improve their diet (3).

Our goal was to improve the provided snacks, as some staff members were concerned that these were not healthy. This program encouraged healthy food choices by Woodside residents. Following the three sessions, residents reported an increase in the importance of eating healthy, considering healthy snack alternatives and acceptance of healthy snacks. They also reported feeling more knowledgeable about nutrition in general. A majority reported they enjoyed both the nutrition teaching sessions and the healthy snacks. Most reported learning from the session.

The intervention appeared to succeed in acclimating the residents to healthy snacks, removing the misconception that healthy snacks have to taste bad, improving nutrition knowledge and teaching skills in food preparation.

We recommend that Woodside find ways to institute regular food preparation sessions for residents. Also, snack offerings should be modified in favor of more nutritional options.

**Lessons Learned**

- At-risk teenagers in an institutionalized setting are eager to learn about health and to develop life skills involving food, cooking, and nutrition.
- High turn-over in this setting makes accurate pre/post surveying difficult.
- Hands on lessons got very positive feedback from participants.