Nutrition Knowledge Assessment of Lund Family Center Residents

Nathan Dreyfus  
UVM Larner College of Medicine

Caleb Knight  
UVM Larner College of Medicine

Jennifer Morris  
UVM Larner College of Medicine

Kathryn Patton  
UVM Larner College of Medicine

Melissa Romero  
UVM Larner College of Medicine

See next page for additional authors

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Authors
Nathan Dreyfus, Caleb Knight, Jennifer Morris, Kathryn Patton, Melissa Romero, Jackie Tsao, Christopher Veal, Sarah McCarthy, and Jessilyn Dolan
Nutrition Knowledge Assessment of Lund Family Center Residents

N Dreyfus1, C Knight1, J Morris1, K Patton1, M Romero1, J Tsao1, C Veal1, J Dolan RN2, S McCarthy PhD1
1The Robert Larner, MD College of Medicine at the University of Vermont 2Lund Family Center

Introduction

What is the Lund Family Center?
• Since 1890, Lund has provided residential treatment for pregnant and parenting women with substance abuse and mental health issues.
• Lund also provides parenting education, transitional housing, job training, case management, and counseling.

Project Background
• Nutritional education deficits have been observed among the residents at Lund.

Project Objectives
• Assess the level of nutritional knowledge among Lund residents.
• Develop teaching modules on a variety of nutrition related topics to be made available to Lund staff.

Methods
• Administered the revised General Nutrition Knowledge Questionnaire (GNKQ-R, Section 2) to assess knowledge of basic food groups and nutrients.1
• Compared results to two prior GNKQ study populations.
• Demographic data was also elicited, as well as qualitative personal assessments of health status by the Lund residents.
• Surveys were distributed to the 24 residents at Lund, 21 were completed and returned.
• To compare average scores between studies, a student’s t-test was used.

Results

Table 1. Average score on selected individual questions on Section 2 – Food Groups of GNKQ-R.

<table>
<thead>
<tr>
<th>Question &amp; Domain Assessed</th>
<th>Average Score (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. Added Sugar</td>
<td>68% (16)</td>
</tr>
<tr>
<td>Q2. Salt content</td>
<td>51% (21)</td>
</tr>
<tr>
<td>Q3. Fiber content</td>
<td>66% (22)</td>
</tr>
<tr>
<td>Q4. Protein content</td>
<td>79% (22)</td>
</tr>
<tr>
<td>Q5. Starchy foods</td>
<td>78% (12)</td>
</tr>
<tr>
<td>Q6. Types of fats</td>
<td>48% (33)</td>
</tr>
</tbody>
</table>

Our study population scored significantly lower than the UK population (p = 0.002) on Section 2 of the GNKQ-R, however, our study population scored significantly higher than the CA study population (p=0.0001).

Discussion

• The results of our survey suggest a number of gaps in the nutrition knowledge of our sample and indicate a need for a nutrition education curriculum.
• Based on the underperforming questions, we recommend at least one module on salt and fat content of food.
• Of note, the Lund residents scored higher than participants in the California based survey,2 who were more highly educated than our sample, on average.
• Age, education level, and self-reported health status show a positive relationship with nutrition knowledge (not statistically significant).
• Educational modules were created based on our study results as well as input from Lund staff.
• Educational modules will be presented to Lund residents.

Limitations & Future Studies

Limitations
• Small, homogenous sample size
• Time constraints
• Reading level
• Differences in wording between the surveys

Future Studies
• Follow up on nutrition curriculum efficacy – administer the survey after the curriculum has been presented to the residents to determine change.

References