Bridging the Gap: Putting Nutrition Knowledge into Practice

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Bridging the Gap: Putting nutrition knowledge into practice

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COLCHESTER FAMILY PRACTICE
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Nutrition education in VT

- UVMMC: Food Matters food preparation classes for children, nutrition education groups for adults
- UVMMC Community Health Teams: nutrition and diabetes education
- UVM Extension: food preparation and menu planning
- Health Care Share programs: cooking classes at some locations
- WIC: grocery store tours, nutrition classes

Barriers to participation in cooking classes:
- Time commitment
- Transportation
  - Located generally in urban areas; less accessible for people in rural areas
  - Underserved middle ground of patients who already have the nutrition knowledge they need, just aren’t able to apply it (ie know what they should do but haven’t been able to do it regularly at home)
Beyond nutrition education and food prep classes... 

- ...there are few easily accessible resources for healthy meal preparation!

- Nutritious, low calorie recipes are often hard to find online
  - Not readily accessible outside of nutrition classes
  - Not prominent on government and health center websites
  - Many online recipes, but it takes lots of screening to find nutritious/healthy ones
Obesity and Nutrition in VT

- Adults: **35.4%** are overweight, **24.8%** are obese
- Teens: **15.8%** overweight, **13.2%** obese
- 32.8% of adults report consuming fruit less than once per day
- 16.5% of adults report consuming vegetables less than once per day
- 18% of high schoolers report eating vegetables 3 or more times per day
- VT has 11th lowest rate of obesity in the US
- Programs to combat obesity named as **high need** in 2016 community health needs assessment¹
Public health cost of obesity

- Accounts for 10% of all medical spending nationally
- Estimated at $147 billion per year
- Obese individuals incur about 42% more in medical costs per capita than normal-weight patients\(^4\)
- Related healthcare costs are expected to increase 20% in VT by 2030\(^3\)
Community Perspective

“In this patient population, I have found that even people with higher educational achievement have little knowledge about good nutrition, or they get their information about healthy eating from unreliable sources like Facebook”
- Health Care Professional, Colchester Family Practice

“There is definitely a need for more nutrition resources in this community. A healthy recipe collection would be great!”
- Health Care Professional, Colchester Family Practice

Formal and informal interviews with local healthcare professionals and informal interviews with patients identified need for a creative strategy to motivate or inspire people to prepare healthier foods at home.
Intervention and Methodology

- Target population: people who have adequate nutrition knowledge and/or have already participated in nutrition/meal preparation sessions but have failed to apply knowledge at home.

- Created binder of nutritious, filling, simple recipes in easy-to-understand terms:
  - Allows for use of frozen vegetables if fresh not available.
  - Doesn’t call for ingredients that are especially expensive, unusual, or not part of normal household seasonings.

- Educated office providers on the availability of this resource for them to recommend to patients (can make copies for patients to take home recipes they are interested in trying).
Results/Response

- Providers at Colchester Family Practice expressed need for this resource and interest in sharing it with appropriate patients
- Paper copy provided in common area for providers to photocopy as necessary
- Digital copy provided to community health team as an additional resource for patients as needed
Evaluation of effectiveness and limitations

- Time constraints did not allow for follow-up
- Consider surveying providers to see how frequently they provided the resource to patients
- Consider anonymously polling patients to see if they have interest in this resource, and whether it was helpful if it was provided to them
- Consider interval follow-up to see whether patients continue to use the resource, and whether it resulted in weight loss or better health indicators for their households
Recommendations

- Assess dietary habits at every adult physical exam, plus during follow-up visits for obesity-related chronic diseases
- Provide referrals to nutrition education classes for patients who are interested
- Provide encouragement, dietary coaching, and offer healthy recipes to patients who have necessary knowledge but are unable to apply it in their daily habits
- Inquire about and address other barriers to healthy dietary habits regularly
References


