Healthy Cooking & Chronic Disease - A Group Education Model

BACKGROUND: Research to determine the best model and practical tools needed to provide cooking and health education to unique client groups at Community Health Centres

- Funded through a Collaborative Research Grant sponsored by George Brown College in collaboration with Parkdale Queen West Community Health Centre.
- Assess and explore current capacity of CHC’s and their clients (health; cooking skills; resources; access to food)
- Client participants (37) and facilitators from 5 CHCs provided feedback to inform this study
- Current resource challenges in CHCs despite a wide range of group programs around food literacy.
- The funding model prioritizes 1:1 counselling vs. groups.

FOOD INSECURITY AMONG CHC CLIENTS: approximately 50% of participants in study affected by food insecurity


METHODOLOGY

- Participants took part in PQWCHC Healthy Cooking on a Budget (HCOB) series and/or focus group.
- Information and feedback from facilitators (largely dietitians) at the participating CHCs.
- All participants answered a general questionnaire. HCOB participants completed pre /post-questionnaires.
- Questionnaires to measure increased understanding around nutrition, changes to self-reported food literacy, food skills and changes to personal health as a result of participating in the HCOB program.

PRE COOKING PROGRAM: Self-rated competent food skills & literacy; Most reported comfort with planning & cooking and already cooked from scratch; Already use strategies to manage food budgets

POST COOKING PROGRAM:
Self-reported increases in food skills, knowledge, health and general feelings of wellness following the study.
CONCLUSION & NEXT STEPS

Need for further study on the mitigating or interrupting effects of cooking programs on chronic disease, in particular for those most impacted by the negative impacts of the social determinants of health such as poverty.

PRIORITIES IDENTIFIED:
- Budget – shift to group model
- Increased resources to deliver programming
- Length and frequency of programming
- Space and resources at CHCs

CHALLENGE: How do we measure whether ongoing efforts to improve food literacy and cooking skills improve health outcomes of adults in food insecure households?

NEXT STEPS: Continued Research in the CHC Community

Interim study to determine how to measure impacts
- Participant feedback on measures and process
- Consultation with broad range of health service providers in CHC sector (dietitians, nurses, health promoters and others)

Long range study (1.5 to 2 years)
- In depth scientific quantitative as well as qualitative research
- Measuring health indicators; client feedback; perspective
- Develop and enhance measurement tools for CHC’s to contribute to ongoing long range research and data on the impacts of food programming within the CHC sector on health outcomes.

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