

# Cooking Skills Intervention Programming: A Process Evaluation of *The Happy Kitchen*

By

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Applied Research Project

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## **Abstract**

Overweight and obesity are consuming our culture as two thirds of the population is considered overweight or obese. Public policy is focused on nutrition education, but lacks the practical application of that nutrition knowledge. One way public organizations are combating obesity is by providing at-risk populations with cooking skills training. Cooking skills intervention programs are becoming a popular way to introduce communities to new foods and cooking techniques. An example of a cooking skills intervention program here in Austin, TX is the Sustainable Food Center's '*The Happy Kitchen*' program.

*Purpose:* The purpose of this applied research project is threefold. First, it will describe the ideal components of an effective cooking skills intervention program obtained from the literature. Second, it will assess the Sustainable Food Center's '*The Happy Kitchen*' program using the ideal type components. Third, it will provide recommendations for improving the Sustainable Food Center's '*The Happy Kitchen*' program.

*Methods:* For an in-depth assessment of *The Happy Kitchen*, multiple methods were used which included; document analysis, focused interviews, and direct observations.

*Results:* Findings show that *The Happy Kitchen* met many of the criteria called for in the practical ideal type for a cooking skills intervention program. While there were areas for improvement, ultimately, it can be determined that *The Happy Kitchen* is doing a great job in teaching the community how to empower themselves through food and cooking.

### **About the Author:**

James Hardin is a candidate in the Masters of Public Administration program at Texas State University in San Marcos, TX. He holds a Bachelors of Science degree in Applied Sociology (2005) from Texas State University. While serving as a Peace Corps Volunteer in Senegal, West Africa and dreaming of all the delicious food he missed, a commitment was made to try and eat quality food upon returning home. Before returning to Texas State for graduate school he spent three incredible years living and working in New York City. His work focused on development for an international humanitarian organization and a non-profit research firm focused on educational fundraising. While pursuing his graduate studies he volunteered for a variety of local non-profit organizations in Austin, TX including the Sustainable Food Center. Currently, he is using this research project to assist Fresh Chefs Society in Austin, TX to build and implement a cooking skills intervention program targeted at youth transitioning out of the foster care system.

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## Chapter 1: Introduction

“Physicians and nutritionists often argue that, in highly developed countries of North America and Europe, more people are killing themselves ‘with fork and spoon’ than by any other means,” further “even more are killing themselves with can-openers and microwave ovens” (Stitt 1996, 27). In the mid-nineties, Stitt was already examining food production systems, and their interplay with public policy. He hypothesized that economic interests of food manufactures and processors were contributing to a ‘deskilling’ of society by asserting power over education policy. A main objective of these food manufactures focused on removing cooking skills from national school curriculum (Stitt 1996, 28). This capitalist overreach of power, along with increased offerings of ready to eat “food” is only creating a culture less able to prepare a meal from whole foods. He claims that reliance on ready to eat and processed foods is contributing to rising rates of obesity, and other diet related health issues like diabetes, certain cancers, and high blood pressure.

Michael Pollen, food writer and activist, attributes the current decline in home cooking to the amount of time people spend watching cooking programming on television. In his 2009 *New York Times Magazine* article, ‘Out of the Kitchen and onto the Couch,’ he asserts that Americans are passively involved in the cooking process through media and so feel no need to actively engage in the cooking process at home. Food media has “transformed cooking from something you do into something you watch.” He highlights Julia Child’s television show, *The French Chef*, and how she took the fear out of cooking gourmet French food, by making it something that anyone could do. *The French Chef* debuted in 1963, and is known as the first cooking show on American television. It was so popular because of its unique characteristics of being unedited, under produced and full of mistakes. Her overall lack of eloquence and grace in the

kitchen brought less confident cooks, like Pollen's mother, back into the kitchen by demystifying the cooking process and food. Compared to Julia Child's program, today's food programming is competition based, dramatic, and far too intimidating to empower viewers to recreate what they see at home.

In 2011, Celebrity Chef, restaurateur, and food advocate Jamie Oliver asserts, on his website, that obesity in Western culture is due to a lack of cooking with whole foods. His beliefs have sent him on a quest to educate and change eating habits by hosting reality television shows, and by starting his own community based cooking intervention programs in areas highly affected by diet-related health issues. His U.S. based television show "Food Revolution" focused on a small town in West Virginia dubbed 'the fattest city' in America. Cities with high rates of overweight and obesity are often equally affected by high rates of diet-related health issues. Also important to note are that areas with the highest rates of diet-related health issues are often those areas of higher social disadvantage (Wrieden et al. 2007, 203). His focus was on the quality of food served at local public schools. While Oliver was met with much resistance and criticism from school administrators and staff, his show revealed to American families that school children were fed highly processed, unhealthy foods loaded with sugars. Highlighted in his show were school lunches composed of ready-made, processed food and lacked any resemblance to whole foods. The show had a component working with local individuals interested in changing their eating habits and learning to cook, revealing that parents and individuals had not mastered basic cooking skills. One major criticism of the show was his use of organic food stuffs that were gourmet and more suited to a sophisticated taste palate. While his healthy recipes, gourmet cooking techniques, and organic ingredients are ultimately too



costly for many public schools and individuals to utilize, he got parents involved in the school cafeteria.

Stitt, Pollen and Oliver all believe that cooking skills are on the decline which is creating many health problems for society as a whole. Why is cooking such an important life skill? Obesity, heart disease, diabetes and certain types of cancer have been linked to a diet high in fat, sodium, and processed foods. Nutrition education alone is not the answer, because without knowledge of the practical application of nutrition knowledge that information becomes useless (Condrasky and Hegler 2010, 2). Public programs aimed at educating individuals most at risk of obesity through improved cooking skills are on the rise globally. Right here in Austin, TX the Sustainable Food Center's *The Happy Kitchen* program is focused on providing those cooking skills to at risk populations.

### **The Happy Kitchen**

*The Happy Kitchen* dubbed itself a 'culinary nutrition' education program focused on changing people's lives through nutrition and cooking. Created in 1995, the program has been meeting the needs of disadvantaged and populations at risk of diet related health issues in Austin. Utilizing an approach that combines nutrition education and cooking demonstrations, the six week program introduces participants to important nutrition knowledge and new foods. While the program has a big focus on nutrition education, Program Director Joy Casnovsky says "Teaching people to cook will have its own positive effects on their overall nutrition and health."

### **Research Purpose**

The purpose of this applied research project is threefold. First, it will describe the ideal components of an effective cooking skills intervention program obtained from the literature.

Second, it will assess the Sustainable Food Center's '*The Happy Kitchen*' program using the ideal type components. Third, it will provide recommendations for improving the Sustainable Food Center's '*The Happy Kitchen*' program.

### **Chapter Summaries**

This chapter highlights some popular literature on the topic of cooking skills as it relates to health and society. Chapter 2 illustrates the problem of obesity and how it relates to food consumption and cooking skills. Chapter 3 presents the conceptual framework, a practical ideal model, and the literature used to gauge the activities of *The Happy Kitchen* program. This model provides the basis for evaluating any cooking skills intervention program. In chapter 4, the reader is introduced to the Sustainable Food Center and *The Happy Kitchen* program, which will be assessed as part of this project. The methodology used to assess *The Happy Kitchen* is a case study approach, which is detailed in Chapter 5. The results of document analysis, focused interviews, and direct observations are presented in Chapter 6. Finally, Chapter 7 offers recommendations for aligning *The Happy Kitchen* activities with the criteria set forth by the practical ideal model.

## **Chapter 2: Obesity Problem**

This chapter discusses the problem of obesity and how it relates to food consumption. A study of food consumption trends in the U.S. sheds light on what Americans are actually putting into their collective mouths. Finally, barriers to eating a healthy diet are highlighted to show why individuals may be prone to overuse pre-prepared foods and eating away from the home instead of cooking for themselves.

The prevalence of obesity and overweight has increased rapidly over the last twenty years in Western societies. The World Health Organization's website has described the problem as 'a global epidemic' (World Health Organization website). This 'global epidemic' leads to diet-related health issues such as heart disease, certain cancers, diabetes, and a variety of other problems. In the United States, two thirds of the population is overweight or obese according to the Center for Disease Control and Prevention website (CDC website). Such a highly 'overweight' population has stark consequences on the future of this nation.

Every five years, the federal government releases the Dietary Guidelines for Americans, which provide recommendations for maintaining a healthy lifestyle. Recommendations are based on scientific and medical evidence for lowering the risk of obesity and other diet-related health issues while promoting an overall healthy lifestyle (Gomber 2007, 3). Their intent is to focus on an overall diet based on nutrient rich whole foods. A study of U.S. food consumption found that overwhelmingly Americans are not following the Dietary Guidelines and are "consuming far too many foods and beverages high in fats and carbohydrates while not enough nutrient-dense foods and beverages" (Buzby and Wells 2008, 4). So if society isn't eating a nutrient rich whole foods diet, what are they eating?

Ready-made, processed, and convenience foods are defined as “complete meals that require few or no extra ingredients, prepared by external procedures” (van der Horst 2010, 239). Pre-prepared, processed and convenience foods “are often rich in energy, fat, salt and sugar” and an increased consumption of these foods is associated with being overweight and having low diet quality (van der Horst 2010, 239). Additionally, overweight individuals tend to have a higher intake of pre-prepared foods than those of a normal weight (van der Horst 2010, 250). This reliance on pre-prepared, processed, and convenience foods is found more in areas with higher social disadvantage, which are often more affected by diet-related health issues (Wrieden et al. 2006, 203).

Frances Short (2003) claims that an overuse of ready-made, processed, and convenience foods has led to a ‘deskilling’ of society in terms of abilities to cook meals from fresh and raw foods at home (13). Numerous scholars<sup>1</sup> assert that this ‘deskilling’ has left society “more dependent on take away meals and pre-prepared foods” (Mac Con Iomaire 2011, 9). One way to combat this ‘deskilling’ is through providing classes at the community level to provide new skills to those most lacking. “Cooking education can provide individuals with a sense of control over the ingredients, preparation style, and portion size of foods eaten” (Condrasky and Hegler 2010, 2), thus empowering individuals to take control of their health through food and cooking!

Larson et al. (2006) studied young adult food preparation and consumption habits and found that those who reported preparing meals at home more often had an improved diet quality compared to their peers who frequently reported using pre-prepared and convenience foods (2001). Those who reported more frequent at-home food preparation also reported less

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<sup>1</sup> Lydon and Mac Con Iomaire (2011), Wrieden et al (2006), van der Horst (2006), Larson et al (2006), Levy and Auld (2004).

fast/convenience food use and were likely to meet dietary guidelines recommendations for food consumption (2001).

The definition of ‘cooking skills’ has devolved over time, making it harder for researchers to define. Historically, cooking skills were equated with cooking from scratch, but contemporary cooks combine pre-prepared food with whole foods resulting in a new way to conceive of “cooking skills.” “World-wide, pre-prepared foods and modern technologies are seen as having brought about changes to people’s ability to cook. Some experts argue that domestic cooking skills are in decline, others that they are undergoing a transition” (Short 2003, 13). Mac Con Iomaire and Lydon (2011) suggest that using items like bottled sauce mixes, canned and jarred food products, help to fast-track the cooking process and assist those with limited abilities to produce a meal (10). This transition needs to be taken into account when defining cooking skills, and so the use of some pre-prepared foods has to be acknowledged as involving ‘cooking skills’ today in 2014. For terms of this project, cooking skills are defined as one’s ability to plan and organize meal options, prep, and prepare a meal from a combination of raw and semi-processed foods. This combination of skills is very different from the act of cooking. Cooking is defined as preparing food by combining, mixing, and heating ingredients. While the act of cooking will be essential to a cooking skills program, ultimately it will be the combination of planning, purchasing, and application of techniques that will lead to cooking empowerment.

### **Barriers to Healthy Eating**

Mac Con Iomaire et al. (2011), Wrieden et al. (2007), and Stead et al (2004) found that in areas most affected by obesity, which also tend to be socially disadvantaged, the population’s perceived lack of cooking skills is a barrier to healthy eating. This perceived lack of cooking

skills made communities more dependent on ready-made, processed, and convenience foods. More scholars such as, Lang (1999) and van der Horst (2010) also claim this perceived lack of skill, or disempowerment towards cooking, should be a considered a barrier to a healthier diet.

Multiple studies<sup>2</sup> find that time needed for food preparation is a major barrier to healthy eating. “Any intervention seeking to promote cooking must address issues of convenience and time, hence the importance of ascertaining the needs of the target audience” (Stead, 275). When using a definition of ‘cooking skills’ that involves some pre-prepared foods, both a lack of cooking skills and time are mitigated as a barrier to healthy eating.

One way to combat overweight and obesity is through cooking and eating fresh and healthy meals at home while limiting intake of highly processed and convenience foods (Condrasky et al. 2010, 1). Barriers to healthy eating for many individuals include lack of skills and time needed to cook for themselves. Programs across the globe are addressing these barriers by teaching cooking skills to those individuals most affected. Cooking skills intervention programs are becoming popular in Australia, Europe, and now the U.S. Multiple studies<sup>3</sup> assert their relevance in changing people’s eating habits and attitudes towards cooking and food.

### **Chapter Summary**

This chapter discussed the problem of obesity and presents the limited number of studies showing the connection between being overweight and lack of cooking skills. ‘Cooking skills’ were defined for terms of this project. Finally, barriers to healthy eating were presented. The

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<sup>2</sup> Larson et al. (2006), Mackereth (2008), and Stead et al. (2005).

<sup>3</sup> Auld & Fulton (1995), Condrasky (2006), Condrasky et al (2009), Condrasky et al (2010), Larson et al (2006), Levy & Auld (2004), Warmin et al (2012), and Wrieden et al (2007).

next chapter will introduce the conceptual framework and explore important criteria needed as part a cooking skills intervention program.

### **Chapter 3: Conceptual Framework**

This chapter introduces the conceptual framework and literature used to create a model cooking skills program. Scholarly literature focused on cooking skill intervention programs is limited and tend to examine specific cooking skill intervention programs from around the world<sup>4</sup>, as well as studies conducted by food and nutrition experts about what activities they feel are most needed when teaching cooking skills<sup>5</sup>. What is missing, is a comprehensive guide to those activities that best empower individuals to take control of their health through cooking. Hence, the need for development of criteria to rate the activities used by these programs is needed. A non-profit organization, the Sustainable Food Center in Austin, TX, has developed a program, *The Happy Kitchen*, to change eating habits and combat rising obesity rates. *The Happy Kitchen* has been extremely successful in bringing new knowledge to the community, but has yet to undergo a formal evaluation of the activities used in the intervention.

A model cooking intervention program should provide a holistic approach to developing the program. Research on program planning, program evaluation, and health intervention programming are taken from public and health administration journals. As part of the intervention, one must take into account the learning styles of different populations. This program focuses on teaching cooking skills to adults, and so incorporates aspects of adult learning theory or andragogy. A review of literature on cooking skills interventions, program planning, adult learning theory, and program evaluation resulted in six 'practical' ideal categories for a complete cooking skills intervention program, from planning, to activities, and finally evaluation. By utilizing this holistic framework, public organizations can replicate and use this model as a guide to help create and or evaluate their own cooking skills program.

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<sup>4</sup> Levy and Auld (2004), Condrasky (2006), Wrieden et al. (2007), Condrasky et al. (2010), Mackereth (2008)

<sup>5</sup> Stead et al. (2004), Larson et al. (2006), Fordyce-Voorham (2011)



The practical ideal type components can be viewed as a ‘best practices’ of cooking skills intervention programming, and are considered ‘ideal’ based on available academic literature.

Instead of asserting what activities are needed in the program, the model illustrates what activities *should* be included to produce desired outcomes (Shields and Rangaragn 2013, 161).

“The categories of the practical ideal type do and thus can be treated as statements of expectation that direct evidence collection – and can be supported or not supported by the evidence” (Shields and Tajalli 2006, 324)<sup>6</sup>. This model can and should be updated as relevant literature becomes available in the future. The six components of an effective cooking skills intervention program based on a review of literature are:

1. Program Planning
2. Consumer skills
3. Meal skills
4. Community Resources
5. Andragogy
6. Program Evaluation

### **1-Program Planning**

Planning a cooking skills intervention program takes careful preparation. Program staff should consider questions like: what are the needs of the community? What will the program’s mission and goals look like? Who is the target audience? How will participants be recruited? What components are useful? All of these questions need to be asked and carefully assessed before implementing an intervention program. “Well planned health education programs are an effective strategy for empowering individuals to take control of their health” (Dignan and Carr 1981, 10). A community readiness assessment should reveal whether the community is ready to tackle the problem and come together to find an approach to address the issue. Next, a clear

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<sup>6</sup> Also see Shields, 1998.

mission statement, goals and objectives are needed to help guide the program through planning, to implementation, and finally program evaluation. Lastly, thought must be put into how an organization should recruit and retain a pool of active participants. These three components best help set the stage for a successful implementation of a cooking skills program.

### **1.1- Community Readiness Assessment**

Community readiness can be defined as a community's awareness of a social problem that affects its members and that willingness to confront and implement change (Edwards, 2000). Community readiness was first identified by Mary Ann Pentz when she "made it clear that, unless a community is ready, initiation of a prevention program was unlikely, and if a program was started despite the fact that the community was not ready, initiation was likely to lead only to failure" (Edwards 2000, 293). The idea of community readiness has many names, and can also been known as community organizing or community building (Mackenzie et al 2005). Regardless what it is called, the overarching idea is that individuals, community organizations, and local leaders have identified a social issue, and are ready to come together to assist those in need.

Edwards et al. (2000) suggest that in order to increase an intervention's chances of success, the community must be aware of the existence of a problem and ready to implement change for its members (293). First, this would require the identification of a problem faced by the community. It is best if this step comes from within a community group, internal recognition, instead of an outsider simply asserting that a problem exist (Mackenzie et al 2005, 217). For example, a community-based organization that works within a neighborhood of a large city, may identify that clients and the larger community are suffering from a particular health issue. The organization has an intimate knowledge and trust of the members of this community,

which can help in determining the scale of the issue and how or if the community wants to proceed.

Next, an organization must identify their strengths and available community resources to ensure that they and the community-at-large are equipped to take action. Often this step involves the creation of a coalition of community members (Mackenzie et al 2005). If a health issue is addressed, it is often necessary to obtain input from other community groups who may help in delivering an intervention, local funding sources, and local community leaders. All of these players are able to assist in providing options for facilities, financial resources, and in raising awareness within the local community. Now that the problem has been identified and community support has been assessed and organized, the next step is determining a mission and setting goals and objectives to help guide a solution.

### **1.2-Mission, Goals, Objectives**

McKenzie, Neigher, and Smeltzer (2005) argue that when developing mission statements, goals, and objectives it is imperative for leaders to keep in mind the overall focus and purpose of the program. “If you do not know where you are going, how will you know when you have arrived?” (2005, 128). A mission statement is a broad narrative that describes the long-term focus of the program (Hodges and Videto 2005, 58). Senior members of the organization, program staff, and community leaders who are knowledgeable of the target population should be involved in development of the mission, goals, and objectives (Dignan and Carr, 1981). “Not only should the mission, goals, and objectives give the necessary direction to a program but also provide the groundwork for the eventual program evaluation” (McKenzie et al. 2005, 127). An example of a mission statement for a cooking intervention program might be: “Organization X

will strive to provide the community with basic cooking skills to increase consumption of nutritious whole foods.”

In contrast, goals tend to be broad statements of long-term program aspirations (Hodges and Videto 2005, 61). Goal statements usually lack program or project specifics, and are often quantifiable statements of a desired state. Language of goals tends to include terms such as ‘decrease’ or ‘increase’ and provide a point of reference such as a city, region, or organization (McKenzie et al. 2005, 129). One goal of the *Cooking with a Chef* program is “increasing cooking confidence and at-home meal preparation” (Condrasky et al 2009, 153).

Objectives outline in measurable terms the specific changes that should occur in the population at a given point in time as a result of exposure to the program (McKenzie et al. 2005). Objectives often include language about specific program activities, and are often in line with program goals (Hodges and Videto 2005, 62). Since objectives are measureable they are often a great start to develop program evaluation measures. As the program ages, objectives should change to take into account program impact.. A cooking program’s objective might be, “Through application of meal planning activities, 75% of participants will report an increased consumption of home cooked meals.”

After the mission statement, goals, and objectives are clearly defined, it is necessary to identify and reach out to target populations. Consideration must be given to the best way to recruit and sustain participation throughout the intervention, thus ensuring goals and objectives are met.

### **1.3-Recruitment and retention**

Recruitment and retention of program participants is another key component of program planning. Yancey et al. (2006) suggest programs use active recruitment. Active recruitment<sup>7</sup> requires program staff to interact directly with the target population by making appeals in person or via the telephone for participation (6). They consider passive recruitment, which uses dissemination of information to the target population via flyers, advertisements, mailing less effective (6). By using active recruitment an organization can save financial resources by not allocating funds for printing, mailing, paper, or employee time used to produce and deliver such items. An organization must ensure it has the ability to recruit participants who will participate throughout the duration of the program. “Ease of recruitment speaks to the feasibility of program design and to the appeal of a preventive intervention for potential participants (Prinz et al. 2001, 31).

Prinz et al (2001) also suggests that “high retention can be a way of demonstrating the utility of the design and the desirability of the intervention” (31). Retention refers to an ability to maintain participation throughout the duration of an intervention. Participants often put much consideration into the personal costs inherent in participating, so one way to increase continued participation is by offering valuable incentives (Guyl et al. 2003, 26). Successful incentives include items such as child care, convenient timing, free food items, certificates of participation, or various other free items (Yancey et al. 2006, 6). These incentives help to provide a tangible benefit to participants, and when significant numbers of participants complete an entire intervention series, an organization is likely to see goals achieved.

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<sup>7</sup> Articles citing the use of active recruitment; Prinz et al. 2001, Wrieden et al. 2007, Condrasky et al. 2010, Condrasky 2010, Warmin et al. 2012, Heinrichs 2006

CookWell, a successful program in Scotland, worked with local community organizations within target communities and to help identify individuals motivated and interested in improving their cooking skills. To retain participants, CookWell, offered a pack of cooking utensils such as saucepans, cheese grater and knives at the end of the program duration (Wrieden et al. 2007, 206). By utilizing active recruitment techniques and offering attractive incentives, CookWell was able to ensure they were meeting their goals of increasing cooking confidence within their local community.

## **2-Consumer skills**

Program planning is an essential first step to creating a successful intervention, just equally as important are the activities used to create a dynamic and robust program that will have an effect on participant's cooking skills. Before an individual can begin to cook, they must know how to shop and plan a meal. Consumer skills, as defined here, are one's ability to proactively plan and organize food purchases, meals and comprehend recipes. These skills help to reduce time and money spent on the food purchasing and preparation of meals. Stead et al. (2004) suggest cooking programs start "with planning for shopping and meal organization and not just with the application of skills in the kitchen" (281). The supermarket can be a daunting place for individuals who do not know their way or how to choose between the thousands of products available. Unfortunately "many Americans simply lack the knowledge of how to purchase and prepare foods for healthy meals" (Condrasky, 2010, 4). In reality, there are countless money and time saving tricks as long as one knows how to buy. This component of a cooking skills intervention program focuses on food planning, food purchasing, and recipe comprehension. According to Fordyce-Voorham (2011), "with planning, shopping, and preparation skills, young people are empowered to make their own meals from fresh and seasonal produce and flavoring ingredients instead of relying on takeout food and expensive convenience food" (119).

## 2.1-Food planning

First, food planning is a person's ability to organize and coordinate meal options for an extended period of time. Planning of meals and food purchases should lead to healthier food choices while saving time and money. Stead et. al (2004) found that those lacking confidence in cooking "were not just concerned with the task of cooking per se but also with the broader planning and organization of family meals" (277). Food planning can be difficult process for a family of four but also for a single person household, and should empower participants by reducing time spent on food acquisition, as well as food and dollar waste. By engaging participants in this first step of food preparation, the planning process, they become more aware of what they are eating, which should lead to more variety. Increases in meal planning can lead to increased consumption of fruit and vegetables (Van der Horst et al. 2010, 251).

Fordyce-Voorham (2011) emphasizes the importance of using a shopping list based on weekly meal schedules and budget (118). This tool provides an individual with a comprehensive list of food items based on their intended meal plans, which can help cut down on impulse food purchases or unhealthy items. Larson et al. (2006) found that only a small percentage of college students reported creating shopping list which helped them save time and money while food shopping. Condrasky (2006) reported that post-intervention, many participants of the *Cooking with a Chef* program started shopping via a grocery list.

While food planning has been identified as important, the literature<sup>8</sup> fails to provide examples of program participant activities which effectively reinforce food planning behaviors. Nevertheless, food planning behaviors could be reinforced through engaging participants by using a meal schedule and intended recipes while generating a shopping list. Conducting this

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<sup>8</sup> Stead et al. (2004), Mackereth (2008), Warmin et al. (2012), Condrasky et al. (2010), Fordyce-Voorham (2011).

activity in a larger group setting can generate conversations amongst participants about personal ideas for better meal planning, or allow them the opportunity to share successes.

## **2.2-Food purchasing**

Condasky et al. (2010) and Stead et al (2004) both note that Americans lack the prerequisite knowledge for purchasing healthy foods, which raises questions about how individuals are expected to plan meals. Hence, the need for a component focused on this basic food purchasing knowledge. Food purchasing refers to an individual's ability to understand the everyday ingredients and venues for obtaining home prepared food (Stead et al 2004, 280). Unfortunately, supermarkets are overloaded with too many products and can be overwhelming for even the most experienced shopper. Knowing where to go and what is needed for food preparation can save both time and money.

Fordyce-Voorham (2011) interviewed “food experts,” home economics educators, chefs, dietitians, homemakers, and community educators, who “spoke about the importance of taking young people to markets and shops to help them recognize quality fresh food in season and to provide an opportunity for them to develop consumer confidence by consulting with food sellers” (117). Making participants aware of the various food purchasing venues can expose them to new food items, better quality options, and even lower prices. Larson et al. (2006) found additional benefits associated with healthful food purchasing behaviors, “young adults who more often purchase their own food and prepared meals at home had an improved diet quality” (2007).





The Riverside Community Health Project offers a great example of a food purchasing activity (Mackereth, 2008). The program organizes a multi-week family intervention focused on healthy eating. Intervention groups bought a typical weekly shopping basket and a ‘healthy’ shopping basket and discussed items as a group; “The group found that some of the cheap foods were healthier than the more expensive ones” (11). This activity allows participants to visually see the differences, have open group discussion, and learn from facilitators and each other about grocery store items. The ability to recognize that others have similar experiences and knowledge is empowering and addresses participants feeling of isolation.

### **2.3-Recipes**

Using recipes during a cooking skills intervention can assist participants in planning and purchasing foods. Thoughtful selection of recipes will expose participants to new ideas, flavors, and cultures. Recipes contain all the ingredients, measurements, and the steps needed for preparation of a meal. Stead et al. (2004) found that recipes are often confusing due to their unique language<sup>9</sup> and measurements. Cooking specific language like “dice” “sauté” can often confuse individuals (Stead 2004, 279). Respondents to Stead’s study said they were “unable to

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<sup>9</sup> Warmin et al. 2012 also cite knowledge of cooking terms increasing cooking behavior.

follow recipes” or that they “failed” at making the dish. Stead et al. (2004) asserts that one possibility to this problem could be “that literacy and numeracy problems underpinned some of these apparent difficulties” (Stead et al. 2004, 279).

To address these concerns, recipes should be available in multiple languages and, perhaps, offer pictures to illustrate the differences between chopped and diced food. Facilitators of a cooking skills program must ensure that participants understand the entirety of the recipe, including language, measurements and processes. Comprehension can further be established through dialogue between facilitators and participants. By mitigating this barrier of recipe comprehension, an intervention can cultivate a new appreciation for using recipes, which can lead to healthier food choices and the incorporation of new foods and cooking techniques into a participant’s routine.

According to Foley et al. (2011), “experience shows that cooking workshops featuring recipes selected to be appropriate to the food aspirations and budgets of participants can support participants in making some healthy eating changes for their households” (295). Recipes should not overemphasize the use of foods or equipment that may be too costly for the target population. While exposure to new foods is important, concerns over ingredient cost or food preparation equipment needed should be taken into account. Now that participants have an established base of knowledge for food purchasing, meal planning, and an understanding of recipe language, the intervention can transition into the activities for meal preparation.

### **3-Meal skills**

Actual preparation of a meal is the larger focus of a cooking skills intervention program. Meal skills include “all stages of the food preparation and cooking process...choosing and applying food preparation techniques (peelings, slicing, dicing, chopping and browning) safely

and correctly and matching appropriate technique with the style and purpose of the dish” (Fordyce-Voorham 2011, 119). Intervention participants should be guided through various stages of the preparation and cooking process. This should include aspects of food safety, which are important to prevent illness and proper storage of food for later use. The application of cooking techniques will empower participants to experiment in a safe environment. Participants often feel “a great deal of anxiety about venturing beyond familiar dishes, and reluctance even to experiment on a small scale” (Stead 2004, 277). Since time is an important factor that keeps people out of the kitchen, these food safety and technique skills will help participants to more quickly navigate the kitchen.



### 3.1-Food Safety

Participants of an intervention need food safety skills as this knowledge contributes to limiting the spread of food related illness and personal injury in the kitchen. Food safety incorporates one's ability to safely use and store cooking equipment, understand hygiene concepts, and store of food items properly. Food safety incorporates many facets; washing hands before and after food handling, care and cleaning of fresh meats and produce, post cooking cleaning tasks, and proper storage of cooked and uncooked food items (Fordyce-Voorham 2011, 120).

Barton et al. (2011) as well as The Children's Food Trust (2011) assert the need for food safety but lacks recommendations on activities to teach food safety. One big part of food safety is to understand how to prevent food related illness during the preparation process. Before one begins handling food and cooking supplies, it is necessary to properly wash one's hands. Participants need to be made aware of concepts of cross-contamination, where one's fresh produce comes into contact with raw meat and thus exposes the food to possible bacteria or other germs. Food related illnesses can contribute to higher medical costs or possible decreased income due to time away from work.



Due to limited food budgets and time needed to prepare meals, food safety includes one's ability to properly store food for future use. Time to prepare meals is a concern and if participants learn to cook and store healthy items; this reduces time as a barrier to healthy eating. Proper storage of raw foods, such as meats and produce, ensures a longer life cycle and can reduce money spent on future food items. Stead et al. (2004) found that some individuals may be unaware of what 'sell by dates' meant on food packaging (281). The ability to properly store food, allow individuals to plan ahead and reduces time making it easier to prepare future meals. These skill sets should contribute to a person feeling more confident in the kitchen.

### **3.2-Cooking Technique**



The proper use of cooking technique should empower participants to experiment more with cooking and thus have an effect on their eating habits. Technique can be defined as proper use of cooking applications such as; knife skills and basic cooking techniques such as steaming, sauting, baking and broiling (Lang and Caraher 1999, 13). Mastery of these skills allows participants to use time more efficiently in the kitchen (Fordyce-Voorham, 119). General knowledge of different cooking techniques should empower participants to experiment more in the kitchen. “The anxiety of not knowing whether a dish would turn out properly appeared to play a large part in discouraging respondents from trying new techniques” (Stead 2004, 279). By

exposing participants to new cooking techniques anxieties will be eased and hopefully they will be likely to explore new recipes at home. With the introduction of different techniques in each class throughout an intervention series, participants are going to be exposed to a variety of experience.

Knife skills<sup>10</sup> were identified as a key aspect for a cooking program. These skills would include how to properly hold the knife as well as a variety of different cutting techniques. Providing participants with a solid foundation for prepping meals can greatly reduce time spent in the kitchen while increasing their confidence with knives. The Children's Food Trust (2011) found that post-intervention, participant's reported using new cutting, chopping, and slicing skills at home more often (12). The ability to prep a meal more quickly should decrease time spent in the kitchen, which should increase the amount of meals cooked at home.

Levy and Auld (2004) assert that while teaching cooking skills through demonstration creates a positive shift in cooking confidence, there is a statistically significant gains in cooking confidence in those participates who are actively engaged with new cooking techniques (201). They also suggest that providing participants with the hands-on application of cooking techniques empowers them to prepare healthful meals while instilling a strong sense of personal achievement (197).

#### **4-Community Resources**

Developing individual skills is important in a cooking skills intervention, but equally as important is exposure to food outside the kitchen. Community resources incorporate the wider food community-at-large into the intervention efforts. This component incorporates the

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<sup>10</sup> Articles citing Knife skills as an essential activity: Warmin et al 2012, Condrasky 2006, Condrasky et al. 2009, Children's Food Trust 2011, Fordyce-Voorham 2011.

involvement of institutions from the local community; non-profit organizations, farmer's markets, restaurants, grocery stores and chefs into the program's activities.

Community partner refers to existing organizations the program pairs with for program delivery. Their role is important because existing community based organizations can support the cooking skills program through activities such as recruitment, offering of facilities, and possible funding. "Restaurant and market visits, street culinary tours, guest speakers from industry and chefs-in-residence are all examples of community resources cited that should be incorporated into program design" (Fordyce-Voorham 2011, 120).

#### **4.1-Community Partners**

Who should a program partner with to deliver the cooking skills program; local community groups, schools, recreation facilities, non-profit organizations, governmental agencies, and local businesses? All of these local community groups can provide valuable contributions to create successful intervention programs (Fordyce-Voorham 2011, 121).

Partnerships show participants that the community is working together to assist them which should create a feeling of connection. Involvement from these players also raises awareness of social issues. Community partners can assist in recruitment, provide space to deliver intervention and cooking resources.

Community partnerships support recruitment of participants, according to Foley et al. (2011) working with existing community groups often results in fewer resources going to advertising and bringing people together (294). Emerging organizations attempting to start a cooking skills program may find it beneficial to partner with an established organization to help secure funding, interested participants and access to proper facilities. By offering the program at familiar community facilities participants should feel more comfortable and willing to be

involved. Participant's ease of accessibility to facilities will also help to ensure their participation throughout the duration of the program.

Wrieden et al (2007) used the Scottish Community Diet Project to issue announcements about CookWell, a cooking intervention program. This allowed interested community group leaders to contact their study team about participation. Group leaders were informed of the requirements to hold the intervention, such as recruitment requirements, facility needs, and their own location within an area of social need (204). By using this method to reach out to community group leaders, they were able to find existing social organizations located in areas of greatest need. Once local social organizations are involved, it is necessary to explore other avenues for involving even broader community participation.

#### **4.2-Chefs**

Most cooking intervention programs are taught by nutrition educators who understand the broader program goals and food science. Condrasky et al (2010) suggest bringing in local chefs as a way to add zest to the experience because “chefs are often natural teachers who are passionate and knowledgeable about cooking techniques, ingredients, and using the pantry method of cooking.” Chefs are individuals trained in the culinary arts, and are passionate about food and enjoy sharing their creations with others. Listening to these passionate individuals talk about their experiences with food and cooking should evoke similar feeling about cooking among participants. Chefs can use “story-telling and games to engage not only young children, but also older adults, linking history, amusing anecdotes, and culture with the food, especially new food that was beyond the realm of their taste experiences” (Fordyce-Voorham 2011, 120).

Not only can chefs share their passion for food but also provide tips on knife skills, quick recipes, and flavor development tips (Condrasky, 2010). Chef taught knife skills can lead to



quicker prep time of meals, a necessary skill to help in eliminating time as a cooking barrier.

Participants of the Cooking with a Chef program noted that local chef participation in the program was an “integral asset” of the program (Condrasky, 2010).

Nutrition educators have a vast knowledge of nutrition facts but often lack the culinary education necessary to properly instruct participants on knife skills and new ways to use ingredients. Begley and Gallegos (2010), note tension between nutritionist’s views on nutrition education as it pertains to the application of practical cooking skills and the chef’s perspective. They assert that often, nutrition educators become far too focused on providing knowledge of nutrition fact, when really individuals are seeking a more practical application of that knowledge via cooking. If a program is incorporating the wisdom of chef’s they should get them involved early on during the objectives planning phase of the intervention.



#### **4.3-Field Trips**

Field trips involve transporting participants out of the classroom and into other venues where they can interact with food. Fordyce-Voorham spoke of “the importance of taking people to markets and shops to help them recognize quality fresh food in season and to provide opportunities for them to develop consumer confidence by consulting with food sellers” (2011, 117). On a food focused field trip participants are exposed to a community of food producers and food activities that can be an additional resource in the quest to better interact with food.

Farmer’s markets are often seen as a place for more affluent members of society, and can be intimidating. By demystifying the farmer’s market, participants gain exposure to new foods, tastes, and experiences that can change their thoughts and interactions with food. An urban farm tour allows members of the intervention to see where food comes from and gives them the opportunity to play a role in food production. It is a hope that exposure to a farmer’s market or urban farm will help change a participant’s attitude towards food.

This component relates back to the food purchasing component in Consumer Skills. Fordyce-Voorham (2011) advocates taking participants out of the classroom and into food venues to instill consumer confidence. While these activities can prove expensive and difficult to organize, they can be very beneficial to participants.

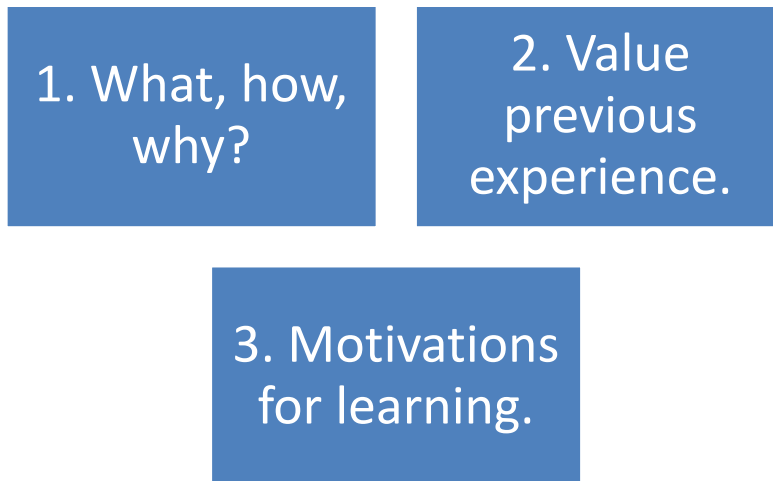
## **5- Andragogy**

Cooking intervention programs directed at adult audiences need to take into account how adults learn. Andragogy<sup>11</sup> is a theory of adult learning first introduced in the U.S. in the mid-twentieth century. Typical instruction relies on the teachers deciding what students need to know, whereas the andragogical model focuses on making students want to learn the subject matter (Knowles et al. 1998, 62). Malcolm Knowles created the andragogical model which provides six assumptions for the teaching of adults. These assumptions include the individual's need to know, self-concept, prior experience, readiness to learn, orientation to learning, and motivations to learn. The andragogical model works well with intervention planning because it is flexible and can be used as a whole or in pieces (Knowles 1989, 93). For purposes of this study, three assumptions were identified as most important for adult learning in cooking skills

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<sup>11</sup> ARP focused on Andragogy; Roberts 2007

intervention program.



### **5.1- What – how - why?**

Adult learners prefer to know “what” they are going to learn, “how” they will learn it, and “why” it is important to learn, prior to instruction (Pillay et al. 2006, 218). This can be accomplished by marketing the intervention to community organizations and potential participants. When someone is recruited to participate in an intervention program it is necessary that they fully understand the “what-how-why?” of the intervention. Otherwise recruitment and retention could be weak which can make learning objectives harder to reach.

“The instructor should discuss “what” content will be learned, “how” it will be learned, and “why” it must be learned” (Knowles et al, 1998, 133) prior to instruction. At the beginning of each class the instructor should state clearly “what” cooking practices will be covered, “how” the class will go about this, and “why” the information is important. The ‘why’ component is of particular importance, because participants need to understand why the information is relevant to their lives (Roberts 2007, 25). Knowing this important information should encourage participants to fully engage with the activities presented in the intervention.

## **5.2- Experience is valued**

A student's prior experience is a major concept of adult learning (Mezirow 1991, 3). One could suggest that prior experiences help to shape one's desire to gain more knowledge. It is safe to assume that individuals attending a cooking skills intervention have some basic idea of cooking and that they are actively engaged to improve those skills on their own accord. That reason may be to build upon previous knowledge of cooking or to take control of health through cooking. Devaluing this prior experience may make students feel devalued, and cause them to shut down during the learning process (Knowles et al. 1998, 66). Assuming participants have previous experience with food will allow for intervention activities to be tailored to their needs, and not waste time of basic material (Knox 1986, 38). While planning intervention activities it will be important to anticipate how participants will respond to new information based on their experience (Mezirow 1991, 35).

Experience can be gained from consumption of food in forms such as; cooking, eating, television, or magazines. While those in a cooking intervention may not apply cooking techniques at home, one can assume they eat food and have shared experiences revolving around food. Consumption of food today happens in more ways than just through eating. Food is part of mainstream culture in the United States. Food television has become a popular medium for participating in food culture with programming focused on food preparation and reality TV that turns food into a heated competition.

## **5.3- Motivations for learning**

Finally, adults are motivated by both internal and external forces to participate in learning. Knowles states that external forces, higher salaries, promotions, better jobs as well as internal forces such as quality of life, satisfaction, and self-esteem (Knowles et al. 1998, 68). In the case of a cooking skills intervention, external forces may be improved health of family

members and themselves and more knowledge of trendy food culture. Internal forces may include satisfaction in learning a new skill, and the confidence or self-esteem gained from becoming empowered to take control of individual and family health.

Individuals may have different motivations for wanting to improve their cooking skills. Knowles et al. (1998) says that adult learners become motivated to learn when they see content as relevant to their lives (149). Interventions seek to improve quality of life (internal motivation) of those motivated enough to take part. This assumption focuses on the learner's ability to see the value of the cooking skills program content in improving their quality of life. If participants are made to see how cooking skills are relevant to increasing their abilities of preparing a healthy meal at home, they should be motivated to expand on these skills. Stead et al. (2004) assert that cooking skills need to be constructed to engage with participant's daily lives (285).

Health will most likely be the main motivation in this instance, but a cooking class at this level may be the only chance for individuals to feel they are participating in the ever popular food culture (external force). Wrieden et al. (2007) suggest that cooking confidence is higher amongst those from higher social class backgrounds (204) and the cooking skills program outlined here is targeted at those individuals from marginalized social groups. Participants probably assume that they will be exposed to different foods, and perhaps foods that can normally be out of reach for them. This intervention can provide them more knowledge of a culture that they typically don't get to participate in.

## **6-Program Evaluation**

Now that discussion on program activities and learning has been addressed, this last component discusses an important final element of any intervention, program evaluation.

Program evaluation is defined as "systematic assessment of any program or service an

organization delivers” (Fine et al. 2000, 332). This function links to the goals and objectives defined during program planning, by assessing the utility of the program to produce desired outcomes (Dignan and Carr 1981, 108). Data collected through program evaluation provides evidence to support if program goals are being met, which is beneficial for staff, funders, community leaders, and policy makers.

Another important function of program evaluation is to act as a management tool to ensure program effectiveness (Hoefer 2003, 167). While there are many ways to evaluate a program, two stand out for cooking skills programs; impact and process evaluations. Impact evaluations illustrate short and long term outcomes of the program, while process evaluations are useful to examine program activities and processes. Results of both evaluations should be used to craft changes to future program activities.



### **6.1-Impact Evaluation**

The goal of public programs is to effect change within a population and the goals of a cooking skills program are to effect change in dietary habits. These changes are measured through an impact evaluation, which measure short and long term effects or outcomes of the program (Shields and Rangarajan 2013, 167). Short-term effects of a cooking skills program may include increased consumption of vegetables and meals prepared at home. Long-term

effects may include improved health of a family unit through improved diet quality. Linking back to the goals during the program planning phase, impact evaluation allows program staff to see if intended goals being met.

Evaluation design is important to establish validity in data collected from participants. There are various design models that can be employed to determine program effects, and in the non-profit sector design usually depends on funding and time. What is a common design used to collect this impact data in non-profits? Hoefer (2003) found that the most common research design model in non-profits was pre and post tests to measure participant's attitudes and behaviors before and after program participation (172). While this design isn't considered the most rigorous, it does allow cash-strapped and time-pressed program staff the ability to perform this important function (Hoefer 2003, 171). Using a combination of both quantitative and qualitative during evaluation is most common and allows for a variety of data on program outcomes (Fine et al. 2000, 334).

Quantitative data such as vegetable consumption or the number of meals prepared at home are important to determine if the intervention led to a productive behavior change. Levy and Auld (2004) found through surveying participants three months post intervention that those in a cooking skills class had statistically significant increases in cooking confidence compared to those participants who only witnessed a cooking demonstration (197). Qualitative data is useful to show which specific behaviors were affected through participation. An example of good qualitative data comes from CookWell which asks participants to keep daily food journals for seven days pre and post intervention. This allowed researchers to see if any change to dietary intake had occurred due to participation in the program (Wrieden 2007, 207).



## **6.2- Process Evaluation**

Another type of evaluation needed for public programs is a process evaluation. Process evaluations<sup>12</sup> “monitor and document organizational and program-related factors in order to improve the effectiveness of the program...and components” (Hodges and Videto 2005, 143). This is a continuous activity, completed each time the intervention is delivered, as to ensure constant and consistent feedback. Process evaluations focus on the activities used to effect change (Shields and Rangaran 2013, 166). In a cooking skills program, process evaluation would gauge activities or actions used to deliver the intervention. An example being, does the current location of program sessions allow for more or less participation from the target population?

Process evaluation examines the implementation of activities to improve quality of performance or delivery of information (Mackenzie et al. 2005, 295). By creating a system to rate activities this allows staff the opportunity to gauge activities and procedures. One way to examine performance delivery is through staff and participant perceptions of the intervention components. Through gauging participants and staff perceptions of activities and program delivery, an organization can focus on producing changes to ensure the program is meeting the needs of participants. Data can be collected from a short questionnaire or focus group meetings (Mackenzie et al. 2005, 295).

By conducting focus groups of participants who had previously taken part in the Cooking with Chef Program, Condrasky et al. (2010) found that participants felt the inclusion of local chefs in delivering program activities was an integral asset of the program (11). This data is

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<sup>12</sup> Condrasky et al. (2009) and Billings (2000) state process evaluation is the best way to institute program changes.

directly related to an activity of the program and helps program staff determine program delivery for future sessions.

### **6.3- Program improvement through feedback**

To ensure that data from both program evaluations is beneficial, it is important to take into account the questionnaire used to gather data. An evaluation tool should be easily understood by program participants, that way data will not be compromised by a lack of understanding. Time for completion is also a necessary consideration as participants may be put off by a lengthy questionnaire, which can influence validity of their responses. Evaluation tools should give the opportunity for participants to provide open ended feedback on their likes and dislikes of the program (Barton 2011, 594).

Data from both impact and process evaluations is useful when determining how the program should evolve to meet the demands on the community. It is very important to allow the voice of the participants, on successes and failures, to shape the future of the intervention components (Mackenzie et al. 2005, 312). How does data collected from program participants shape future sessions? Stead et al. (2004) relied heavily on participant feedback and says that if components are identified by participants as useless or if participant's needs aren't being met by the current intervention model, it is important for component models to change (285). An organization may notice over the course of several sessions that participants respond poorly to a certain activity, if it is a constant problem then alternatives need to be tested to achieve a positive response.

## **Chapter Summary**

This conceptual framework provides a checklist for assessing the entirety of a program model. Starting with program planning, it identified three components necessary to ensure the program has a solid foundation through a community readiness assessment, concrete mission, goals, and objectives to guide the program, and finally how it should go about recruiting and retaining participants. Once a solid foundation is set, the model goes into detail about those program activities best suited for improving participant's cooking skills. Also taken into account is adult learning theory. It is important to pay attention to the different learning styles of program participants and accommodate accordingly. Finally, the model discusses the most useful types of evaluation to examine program impact and activities. Table 4.1 below shows the relationship between the literature and the Practical Ideal Model components. The next chapter will detail the Sustainable Food Center, a non-profit in Austin, TX, and their program *The Happy Kitchen* which will be assessed using this practical ideal model.

<b>Table 4.1 Conceptual Framework</b>	
<b>Practical Ideal Type Components</b>	<b>Literature</b>
<b>1- Program Planning</b>	
1.1- Community Readiness 1.2- Mission, goals, objectives 1.3- Recruitment and Retention	Edwards (2000), McKenzie et al. (2005), Prinz et al. (2001), Condrasky et al. (2009), Yancey et al. (2006), Guyll et al. (2003), Dignan and Carr (1981), Hodges and Videto (2005), Wrieden et al (2007)
<b>2- Consumer skills</b>	
2.1- Planning 2.2- Shopping 2.3- Recipes	Fordyce-Voorham (2011), Stead et al. (2004), Condrasky and Hegler (2010), Condrasky et al. (2010), Mackereth (2008), Larson et al. (2006), Wrieden et al. (2007), Foley (2011), van der Horst (2010), Warmin et al. ( )
<b>3- Meal skills</b>	
3.1- Food Safety 3.2- Technique	Fordyce-Voorham (2011), Stead et al. (2004), Condrasky and Hegler (2010), Condrasky et al. (2010), Children's Food Trust ( 2011), Mackereth (2008), Lang and Caraher (1999), Levy and Auld (2004), Warmin ( ), Barton et al. ( )
<b>4- Community Resources</b>	
4.1- Community Partners 4.2- Chefs 4.3- Field Trips	Stead et al. (2004), Condrasky and Hegler (2010), Fordyce-Voorham (2011), Wrieden et al. (2007), Foley (2011), Begley and Gallegos (2010)
<b>5- Andragogy</b>	
5.1- What, how, and why? 5.2- Experience is valued 5.3- Motivations for learning	Knowles et al. (1998), Knox (1986), Mezirow (1991), Pillay et al (2006), Roberts (2007), Wrieden et al. (2007), Stead et al. (2004)
<b>6- Program Evaluation</b>	
6.1- Impact Evaluation 6.2- Process Evaluation 6.3- Program Improvement through feedback	McKenzie et al. (2005), Barton et al. (2011), Wrieden et al. (2007), Stead et al. (2004), Dignan and Carr (1981), Hodges and Videto (2005), Shields and Rangarajan (2013), Levy and Auld (2004), Hoefer (2003), Fine et al. (2000)

## **Chapter 4: Sustainable Food Center & The Happy Kitchen**

The Sustainable Food Center (SFC), the organization under review, was founded in 1993 as a spin off to the Austin Community Gardens organization. Their mission is to “cultivate a healthy community by strengthening the local food system and improving access to nutritious, affordable food”. They operate 4 farmer’s markets within the city of Austin, TX. Programming focuses are culinary nutrition, linking farms to schools, hospitals, and worksites, and generating more community interest in gardening. The organization is focused on creating a vibrant and local food system that is inclusive and accessible to all Austinites. In 2013 they opened an expanded facility which house offices, demonstration kitchens, and a 2.5 acre community garden, all in the heart of East Austin. East Austin has been shown to house many lower-income residents and is very ethnically diverse, which makes it a great spot for the organizations operations.



### **The Happy Kitchen**

*The Happy Kitchen*, a nationally recognized culinary nutrition education program, which aids individuals and institutions in making lasting dietary and behavioral changes in relation to

food. Since 1995, *The Happy Kitchen* has been educating Austinites on local food and improving cooking skills by offering community based culinary nutrition classes. Classes target underserved communities in Austin and can be geared towards specific populations, such as breast cancer survivors. It is estimated that since its creation, *The Happy Kitchen* educates some 300-400 individuals each year or approximately 6,300 people over its program life.

*The Happy Kitchen* started in 1995 while the Sustainable Food Center was operating a farmer's market and noticed that many people were unfamiliar with certain vegetables and ways in which to cook them. Thus the organization chose to start offering cooking classes to the community focused on creating knowledge of new vegetables and cooking techniques. The program was developed by two community members who took on the project full-time. Collaboration with a local chef was a focus to provide the community-based cooking classes but due to logistical problems the program moved towards a community facilitator role. Community members are trained by *The Happy Kitchen* to deliver classes, allowing for more vested interests from the community.

Classes are led by three facilitators and conducted in English or Spanish; one cook, one educator, and one moderator. The program is a six week course that takes place for 1.5 hours once a week in a local community center. Each class is focused on a specific food group (grains, fruits, vegetables, protein, fat & sugars, and meal planning/potluck) and provides nutrition education as well as a cooking demonstration. Participants are engaged with facilitators throughout the seminar with activities, Q & A, food preparation, and food tasting. At the end of each class participants are provided with the recipe and all ingredients needed to prepare that days dish for their families at home. The final class brings all the students together for a potluck and a chance for community building, healthy items only of course. *The Happy Kitchen* was

named East Austin's "Best Social Service Program" 1995-1997 by the *Austin Chronicle*.  
Currently, three staff members coordinate and organize *The Happy Kitchen* program.

### **Chapter Summary**

Watch this promotional video on *The Happy Kitchen*: [Youtube video](#) Now that the setting, *The Happy Kitchen*, has been thoroughly introduced, the next chapter will discuss the methodology used to assess the program.

## **Chapter 5: Methodology**

This chapter explores the research methodology used to assess whether *The Happy Kitchen* activities meet the criteria set forth by the Practical Ideal Model in Chapter 3. Data collection methods are disclosed as well as the sample used during the process. The conceptual framework table is operationalized demonstrating the connection between the conceptual framework table and data collection methods.

A case study is a “form of empirical inquiry that investigates a contemporary phenomenon within a real-life context” (Yin 2007, 23). A case study<sup>13</sup> is necessary to conduct a comprehensive assessment of *The Happy Kitchen* because multiple research methods are necessary for such an in-depth investigation. This case study was conducted of the Sustainable Food Center’s *The Happy Kitchen* program by combining document analysis, focused interviews, and direct observations.

One of the biggest strengths of case study research is that it allows for an in-depth look at a specific situation by imploring multiple research methods. This multi-methods research approach is called ‘triangulation’ and helps to increase the validity of the case study approach. A major criticism of case study research is that it is “weak in terms of generalizing back to the larger population, thus lacking external validity” (Johnson 2010, 78), as well as lack of rigor due to case studies typical qualitative methods. The current study is focused on a specific public program, *The Happy Kitchen*, and thus no need to generalize beyond this program. While qualitative in nature, by utilizing multiple methods, validity is established.

The unit of analysis for this study is *The Happy Kitchen* program in Austin, TX. *The Happy Kitchen* has not undergone a formal process evaluation of this scale. By utilizing this program as

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<sup>13</sup> Other examples of ARPs using the case study method; Gradney 2008, Ruiz 2010, Vaden 2007, O’Neill 2008.



the unit of analysis the research purpose is supported through examination of a local cooking skills program.

The Operationalization Table (5.1)) makes the connection between the conceptual framework and data collection methods used for examination.<sup>14</sup> The first column designates which sub-component of the Practical Ideal Type is being examined, for example 1.2- Mission, Goals, and Objectives. The second column identifies which data collection method was used to collect evidence; documents, interview, or observations. The third column outlines the initial questions used for each collection method. These questions were a starting point, which allowed for further questioning during the research process. The fourth column demonstrates the source of data, such as the documents analyzed, member of staff interviewed or intervention class. Finally, the fifth column illustrates the evidence needed to support each sub-component.

For example, the second sub-category, mission, goals, and objectives, was examined through document analysis of the strategic plan and interviews with the Program Director. Questions asked during the interview were “Can you tell me the missions, goals, and objectives of *The Happy Kitchen* program?” “How do program activities correspond with goals and objectives?” Evidence to provide support is existence of a mission, goals, and objectives in program documentation, and further support is provided by interview responses corresponding with documentation.

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<sup>14</sup> For an in depth discussion of Operationalization Tables see Shields and Rangarajan 2013.

Table 5.1: Operationalization Table				
Category	Method	Question	Source	Evidence
1-Program Planning				
1.1-Community Readiness	Documents	<b>DA:</b> Report showing that a community readiness assessment was completed.	Strategic plan	Existence of detailed report or knowledge of community readiness assessment.
	Interviews	<b>Q:</b> How was a community readiness assessed? <b>Q:</b> How were community members involved in planning process of the intervention?	Program Director	
1.2-Mission, Goals, Objectives	Documents	<b>DA:</b> Mission statement, goals, and objectives clearly stated in program documentation	Strategic Plan, brochure	Existence of mission statement, goals, and objectives are focused on improving cooking skills.
	Interviews	<b>Q:</b> Can you tell me the mission of the program? <b>Q:</b> How do you intervention activities correspond with goals and objectives?	Program Director	
1.3-Recruitment and Retention	Interviews	<b>Q:</b> How does <i>The Happy Kitchen</i> recruit program participants? <b>Q:</b> How do you keep participants involved throughout entire series? <b>Q:</b> What incentives are offered to ensure participants will complete entire series?	Program Director	Existence of active recruitment practices and types of incentives offered to participants.
2-Consumer Skills				
2.1-Food Purchasing	Documents	<b>DA:</b> Curriculum documentation of food shopping workshop.	Program Curriculum	Existence of curriculum documents illustrating activities related to food purchasing, reading ingredient labels, creation of shopping list with participants.
	Interviews	<b>Q:</b> How do you engage participants to increase their ability to shop for healthy food items?	Program Facilitator	
	Observations	<b>DO:</b> How do participants engage with facilitator about creating a shopping list?	Intervention class	
2.2-Meal Planning	Documents	<b>DA:</b> Curriculum documentation of meal planning workshop.	Program Curriculum	Existence of curriculum focused on meal planning, sample weekly meal worksheets, family meal planning.
	Interviews	<b>Q:</b> What activities do you use to show meal planning?	Program Facilitator	
	Observations	<b>DO:</b> What activities are used to help participants plan a sample menu for the week?	Intervention class	
2.3-Recipes	Documents	<b>DA:</b> Review of recipe cards for intervention.	Curriculum recipes	Existence of a variety of recipes available, cultural appropriate recipes, nutrition variety, and understanding of recipe language.
	Interviews	<b>Q:</b> How are recipes chosen to be included in program?	Program Facilitator	
	Observations	<b>DO:</b> How does facilitator ensure understand of recipe?	Intervention class	
3-Meal Skills				
3.1- Food Safety	Documents	<b>DA:</b> Curriculum documentation of proper handling of raw meats, cleaning, and proper storage of cooked food items.	Curriculum documents	Existence of curriculum related to proper/safe handling of raw meats, food storage procedures.
	Observations	<b>DO:</b> How are participants show to		

		handle raw meats? <b>DO:</b> What ways is the storage of prepared foods a component of the intervention?	Intervention class	
3.2- Technique	Documents	<b>DA:</b> Curriculum documentation of cooking techniques and knife skills.	Curriculum documents	Existence of curriculum offering knife skills training, and cooking techniques (sauté, broil, baking, simmer).
	Observations	<b>DO:</b> Area participants actively engaged in knife skills training? <b>DO:</b> What cooking techniques are shown to participants?	Intervention class	
4- Community Resources				
4.1- Community Partners	Interviews	<b>Q:</b> What community groups are partnered with to deliver intervention? <b>Q:</b> How is their input used to shape intervention activities?	Program Director	Existence of working with schools, churches, community centers/organizations.
4.2- Chefs	Interviews	<b>Q:</b> How are chefs incorporated into the intervention?	Program Director and Program Facilitator	Existence that chefs attend intervention to show proper technique, preparation of a dish, and passion of food and cooking.
	Observations	<b>DO:</b> What did a local chef share about how they became interested in food?	Intervention class	
4.3- Field Trips	Interviews	<b>Q:</b> How are field trips incorporated into intervention activities? <b>Q:</b> Where do participants most enjoy visiting?	Program Director and Program Facilitator	Existence of field trips to farmer's market, local farm, or culinary kitchen.
5- Andragogy				
5.1- What, how, why?	Observations	<b>Q:</b> To what extent does the facilitator go into detail about what will be learned, how it will be learned, and why it is important to participants?	Intervention class	Existence of a discussion on the what, how, and why of the learning objectives of the session.
5.2- Experience is valued	Observations	<b>Q:</b> How are participant's prior cooking skills worked into intervention content?	Intervention class	Existence that intervention content takes into account participant's prior cooking experience.
5.3- Motivations to learning	Observations	<b>Q:</b> How are participant's different motivations for participation accommodated?	Intervention class	Existence that intervention content is connected to improving motivations to improve cooking skills as empowerment to controlling health.
5- Program Evaluation				
6.1- Impact Evaluation	Documents	<b>DA:</b> What evaluation materials are available?	Pre and post intervention surveys, participant interview questions, Board minutes	Existence of pre and post test forms, survey forms, participant interview materials, follow up data.
	Interviews	<b>Q:</b> What is the process of program evaluation? <b>Q:</b> How is data collected from program participants?	Program Director	
6.2- Process Evaluation	Interviews	<b>Q:</b> What are ways the program activities and processes are evaluated?	Program Director	Existence of activities to assess programmatic activities and procedures.
	Observations	<b>DO:</b> In what ways is the program delivery evaluated during the session?	Intervention class	

6.3- Program Improvement through feedback	Interviews	<p><b>Q:</b> How is collected data used to improve the program?</p> <p><b>Q:</b> What post intervention data is collected from participants to measure how intervention changed their habits?</p>	Program Director	Existence that data received from program participants has shaped changes in program components throughout time.
<b>Table legend:</b> DA=document analysis, Q=Interview Question, DO=Direct Observation				

## Document Analysis

Document analysis provides the opportunity to review hard copy internal documents that are used for program operations. Documents will provide evidence to show support of Practical Ideal criteria as well as help craft questions for interviews and observations. A major advantage of document analysis is the opportunity to review documents multiple times (Yin 2009, 12). Weaknesses include the time needed to review unfamiliar documents, availability, bias selectivity of incomplete collections (Yin 2009, 102).

Document analysis was used to assess *The Happy Kitchen* activities of four out of six *Practical Ideal Type* components; **Program Planning, Consumer Skills, Meals Skills, and Program Evaluation.** For example, the strategic plan was used to confirm the existence of the program's mission statement, goals, and objectives (1.2). Course curricula and the facilitator's guide were reviewed to confirm whether a presentation of a knife skills training (3.2), food planning activities (2.1), and recipe comprehension (2.3) are included as program activities. Other documents such as recipe books, course handouts, and post-intervention questionnaire were reviewed to further support these criteria. All documents used during the document analysis are provided in Table 5.2 below.

<b>Table 5.2: Documents Used</b>
Facilitator's guide
Strategic Plan
Recipe book
Happy Kitchen brochure
Post-Test questionnaire
Curriculum handouts

### **Sample: Document Analysis**

On February 12, 2013 and February 15, 2013 with permission and assistance of *The Happy Kitchen* Program Director at the Sustainable Food Center, documents were gathered and analyzed for their content. Documents reviewed were the strategic plan, brochure, facilitator's guide, program curriculum, handouts, and recipe cards. Information such as missions, goals, objectives will be found in the strategic plan. Reviewing program facilitator's guide, handouts, recipes, curriculum, and participant evaluations allowed for assessment of whether activities of the program match those within the practical ideal model. Data collected from the document analysis helped to better craft the questions for the focused interview.

### **Focused Interviews**

Focused interviews were conducted to assess four of the six components of the practical ideal model; **Program Planning, Consumer Skills, Community Resources, and Program Evaluation**. Interviews were conducted with staff of *The Happy Kitchen* and completed after the document analysis. Completing interviews after the document analysis allowed for interview responses to fill gaps of evidence as well as build stronger support of practical ideal type criteria. By conducting the document analysis first, a professional relationship had been established with

staff thus allowing for interviews to have a more casual nature. Focused interview questions were open-ended in nature, thus allowing for more detailed information. Weaknesses of interviews include response bias, inaccuracies due to poor recall and reflexivity (Yin 2009, 102).

For example, the Program Director of *The Happy Kitchen* was asked to discuss their processes for program evaluation (PIT 6). Evidence to support Impact Evaluations (6.1) activities should include statements that participants are pre and post tested to determine if the intervention increased their overall cooking skills. Additionally, by asking the Program Director to detail recruitment activities, responses will provide evidence to support criteria for Recruitment and Retention (1.3) efforts.

### **Sample: Focused Interviews**

The Program Director, Joy Casnovsky, agreed to be interviewed and gave permission for her name and title to be used. She was interviewed on March 1, 2013 over the phone while her responses were typed. Joy provided contact information of a Program Facilitator who was interviewed on March 4, 2013 over the phone while her answers were typed. Their intimate knowledge of the program activities helped to provide evidence to support the practical ideal type components.

### **Direct Observations**

Direct observations were used to assess five of the six practical ideal type components; **Consumer Skills, Meals Skills, and Community Involvement, Andragogy, and Program Evaluation.** Direct observations allow for collection of actual behavior instead of perceptions of behavior by participants (Johnson 2010, 94). This research is focused on specific program activities and so observations on how participants interact with program activities will be useful

to assess value. One weakness to observations is that if participants know they are being observed, they might choose to alter their behavior (Johnson 2010, 93).

For purposes of this case study four sessions of *The Happy Kitchen* were attended and observed with the permission of the participants. Observations allowed for assessing practical ideal type criteria in real time. For example, practical ideal type sub-component Recipes (2.3) refers to the utilization of recipes and participant's comprehension of that recipe. The interaction and dialogue between participants and the facilitator can provide support that all participants understand the language of the recipe. Additionally, observing how the facilitator instructs participants on knife skills/safety will provide further evidence to support practical ideal type component Technique (3.2).

### **Sample: Direct Observations**

Through collaboration with the Program Director, classes were identified as suitable for observation based on language, time of day, and schedules. Four classes were attended at the YMCA on Rundberg Lane in Austin, TX. Three took place at 6:30 p.m. on February 14<sup>th</sup>, 21<sup>st</sup>, and 28<sup>th</sup> while one was observed at 9:30 a.m. on February 26<sup>th</sup> at the same location. Participants were informed that the class was being observed and explained the scope of the project and asked if there were any objections. Observing participants during intervention will allow for observations of how program participants and intervention activities interact. Participants varied in age, race, employment status, and health statuses.

### **Human Subjects Protection**

A request to the Institutional Review Board provided this project with an exemption from IRB review. Exemption # EXP2013U5053 based on 45 CFR, Part 46, Section 101(b)(1) because this study will compare instructional technique and curricula. To ensure the consent of

participants during observation the researcher made himself known to the program participants and if anyone objected the researcher did not observe that intervention session. All interviews were conducted on a voluntary basis and volunteer names will only be used with their consent.

### **Chapter Summary**

This chapter detailed the methodology used to assess *The Happy Kitchen* program. This case study employed document analysis, focused interviews, and direct observations to conduct an in-depth assessment of *The Happy Kitchen* activities. In the next chapter, the results of the case study are disclosed.



## **Chapter 6: Results**

This chapter discusses the results of the document analysis, interviews, and direct observations used to assess the activities of *The Happy Kitchen*. The process used to rank collected evidence to provide support of criteria is present. Each component and sub-component of the Practical Ideal Model is presented along with the evidence collected to support the criteria are being met. Finally, an overall summary of support of practical ideal type components is presented.

Determining strength of support for collected evidence is subjective, but in an attempt to make it more objective, evidence will be gauged on a three-level scale. Table 6.1 provides an quick look at the levels of support. When many examples of evidence are found to support the inclusion of a criteria, then it is stated that there is **strong** support. This will include frequent, in-depth, or thoughtful inclusion of the activities in documents, interview responses, or program observations. As those examples of evidence become less frequent, so will the strength of support to **adequate**. Evidence will be that criteria are included in documents, interview responses, or program observations, but with less frequency and depth than needed to be labeled strong support. **Limited** support will only demonstrate that a brief inclusion of the criteria was found in documents, interview responses, or program observation.

<b>Table 6.1: Levels of Support</b>		
<b>Strong Support</b>	<b>Adequate Support</b>	<b>Limited Support</b>
Frequent, in-depth, or thoughtful inclusion of criteria.	Discussion of criteria.	Brief or cursory discussion of criteria.

## **Program Planning (PIT 1)**

As identified in the literature review, program planning is essential to ensure program success and sustainability. Based on evidence collected from document analysis and interviews, numerous examples of evidence were found to support the PIT criteria. Some data is lacking due to current staff's length of employment or a general lack of institutional knowledge.

### **Community Readiness Assessment (PIT 1.1)**

#### **Interviews**

Program Director, Joy Casnovsky, has been in this position for 5 years and is unsure if a community readiness assessment was completed before beginning the program. To the best of her knowledge, she does not believe so. Her knowledge of the program creation is based on stories she's heard from senior members of the staff.

*The Happy Kitchen* program has no physical documentation to support that a community readiness assessment was completed before program implementation. Based on interviews and document analysis, there is limited evidence to support the inclusion of a community readiness assessment.

### **Mission, Goals, Objectives (PIT 1.2)**

#### **Document Analysis**

Based on a review of an SFC brochure and the newly updated strategic plan, the mission of *The Happy Kitchen* is to "serve individuals and families by empowering them to shop for and prepare nutritious meals." Current goals are listed in the strategic plan and stated as wanting to "Expand and diversify programs and services while maintaining quality. Sub-goal: increase the number and diversity of THK participants."

Objectives listed in strategic plan:

1. maintain the number and capacity of the THK facilitators
2. cross-pollinate with other SFC programs
3. Create partnerships with external organizations, businesses and agencies to offer THK programming at their locations and constituents.
4. Increase number of THK participants
5. Maintain quality control while growing
6. Expand curriculum offerings.

### **Interviews**

Based on interviews with Program Director, she confirmed the mission, goals and objectives as stated in the strategic plan. She went on to say that the ultimate goal of the program is to “better the health of families for generations to come.” Program goals and objectives are evaluated periodically by Joy and her two staff members, and on feedback from facilitators and participants.

Based on data collected from document analysis and interviews, the evidence “strongly supports” adherence to the practical ideal type criteria for missions, goals, and objectives.

### **Recruitment and Retention (PIT 1.3)**

#### **Interviews**

This component was examined through interviews of the Program Director and a Program Facilitator. To recruit potential participants, *The Happy Kitchen* works with community groups such as public schools, churches, and community-based organizations to identify individuals who seek to improve their cooking skills. By utilizing active recruitment through existing relationships, THK is able to offer the intervention to those most at need and interested in making a change.

Retention efforts include offering a reusable shopping bag, provided by HEB grocery stores, as well as all ingredients needed to prepare the weekly recipe at home. By offering these items, families are able to prepare new foods for family members at no cost to themselves. Fresh produce, fruit, spices, canned tomatoes, steel cut oats are examples of what is dispersed to participants. Another way to encourage consistent participation in *The Happy Kitchen* is offering an expansive cookbook, both in English and Spanish, if participants attend 5 out of 6 classes. To make attendance easier for individuals with children, free child-care is made available to participants during the scheduled classes.

Evidence from interviews provided “strong support” that THK is using active recruitment and offering quality incentives to ensure retention of participants.

#### **Summary of findings for Program Planning (PIT 1)**

Evidence provided “strong support” for 2 out of the 3 criteria of this Program Planning component. While limited evidence was available that a Community Readiness Assessment was conducted, there is ample evidence to show that THK has strong mission, goals, and objectives, and that effective measures are taken to ensure efficient recruitment and retention of program participants. Table 6.2 below illustrates the findings of support.

<b>Table 6.2: Program Planning</b>	<b>Method</b>	<b>Evidence</b>
1.1 – Community Readiness Assessment	-Document analysis -Interview	Limited
1.2 – Mission, goals, objectives	-Document analysis -Interview	Strongly
1.3 – Recruitment and Retention	-Interview	Strongly
<b>Summary of support</b>		Adequate

## **Consumer Skills (PIT 2)**

Consumer skills evaluate activities used to engage intervention participants to purchase food, plan meals and understand recipes. These activities were stated as important to begin with from program literature. Evidence from document analysis, focused interviews, and direct observations are presented below to show support of the Practical Ideal Type criteria.

### **Food Purchasing (PIT 2.1)**

#### **Document Analysis**

Document analysis of the facilitator guide shows ample evidence that a Program Facilitator will lead a discussion about reading and understanding food nutrition labels and offers an example of an activity to generate a conversation about food labels. The activity involves distributing various food products, (bread packages, juice containers, pre-packaged items), to each participant and has participants present the information from the label to the class. The facilitator guide suggests looking for words like “whole grain” “100% juice” and an understanding of ‘daily values’ from each product. The facilitator guide shows that during class 3 a discussion about shopping the perimeter of the grocery store takes place as this where you typically find unprocessed and healthier food items. Packaged and processed foods are typically found within the interior aisles of the store. The guide also suggests buying ‘organic’ food when and if you can afford it and quick tips such as “if it has a peel that you do not eat it is less important to buy organic products”.

#### **Interviews**

Interview with Program Facilitator yielded strong evidence that food purchasing activities are used within this program. She stated that she offered her personal experiences about the best way to shop for food, and felt that participants responded to this method because she herself is a

working mother who has changed her own life through cooking. She said the concept of shopping the perimeter of the grocery store is reiterated; as this is where most of the unprocessed foods are located, and that handouts are provided that show this example. In each class she emphasizes buying local and in season produce and how it can be cheaper and is most nutrient rich at that time. She also talks about growing as much of your own food as possible to lower your food budget.

### **Observations**

During observations, each session in some way addressed food purchasing. The facilitator discussed the best way to procure the items needed for the recipe; such as the bulk aisle or farmer's market. One class observed was class 6 of the series where the facilitator lead a discussion about food purchasing habits, shopping the perimeter of the store, and engaged participants to share their own experiences with food shopping. Participants also discussed how their food purchasing habits have changed over the course of the intervention.

Observations of class discussions brought forth much evidence to support food purchasing activities empowered participants, such as;

- Participants discussing how their personal shopping has changed over the course of the 6 week series
- How they stay around the perimeter of the store now
- Personal shopping choices
- How they plan meals and conduct household shopping.
- Buying items in bulk at HEB locations, cheaper and easier for spices

Evidence from the document analysis, interviews, and observations provided numerous examples of “strong support” to show adherence to the Practical Ideal component.

### **Meal Planning (PIT 2.2)**

#### **Document Analysis**

Analysis of the facilitator guide showed that the final session was focused on meal planning. Facilitators are instructed to distribute a meal planning guide to participants and lead a discussion on its functionality for planning home meals. Sample questions and tips are available for facilitators to use during the discussion.

#### **Interviews**

Interview with Program Facilitator reaffirms distribution of laminated weekly meal planning guide during the last session. It has every day of the week and spaces for breakfast, lunch and dinner. The Program Facilitator again said she uses her own personal successes like “using Sunday as a day to prepare items in bulk for use throughout the week” which saves her time and money. Also, offers tips like “pre-packing snacks to be used throughout the week.”

#### **Observations**

During observations, the meal planning guide was distributed during the final session of the series. It is two sided, one in English and one in Spanish. It is labeled Monday – Sunday and has spaces for breakfast, lunch, dinner and snacks. Each meal is color coded to show which fruits/vegetables, protein and grains will be offered at each meal. A conversation took place which showed participants how pre-paring items in bulk could be filled in throughout the week and asked for ideas of how they personally felt they could use this item to plan family meals. Participants seemed very receptive to the idea of planning meals and using this item to help

better prepare healthy meals for their families. During this activity the facilitator posed such questions as:

- “Consider your whole food bill, including groceries and eating out, and ask yourself if it more economical to plan meals and eat at home?”
- “What ideas do you have to make planning meals and cooking easier?”

The evidence “strongly supports” adherence to Meal Planning components of the practical ideal model. Evidence was provided through document analysis, interviews, and observations.

### **Recipes (PIT 2.3)**

#### **Document Analysis**

Each class introduces a different recipe focused on a specific food group. The recipe card is distributed to every participant before the class starts. Analysis of the facilitator guide instructs facilitators to choose a recipe for each weekly class session and to distribute the handout before each class begins. Guidance on how to choose recipes is offered such as choosing seasonally appropriate recipes. The program office also has a binder full of recipes for facilitators to choose from. Recipes cards are in both English and Spanish, and offer a wide variety of cuisines options as well as ideas for breakfast, lunch, and dinner.

#### **Interviews**

During interviews with the Program Facilitator she spoke about how she chooses recipes for each class. She looked for recipes that utilized seasonal and local produce and tries to cater to the time of the day the class was offered. If she were facilitating a morning class, she tried to choose breakfast items to prepare, thus exposing participants to new breakfast foods. The



Program Facilitator said 90% of the time she chooses a recipe that she herself has previously cooked. That way she can tap into the anxiety or fear she might have had the first time preparing the dish to ease the concerns of the participants.

### **Observations**

Observations of classes showed that the facilitator would ask participants about their previous knowledge of the main ingredient of each recipe. They would then go through preparation of the recipe by asking the class to instruct the cook on how to prepare the dish based on the recipe card. This action helped to ensure that participants understood each step of the recipe process so they could then replicate the dish at home for their families.

By reviewing documents, interview responses, and observations, evidence provided “strong support” of practical ideal type component Recipes (2.3).

### **Summary of findings for Consumer Skills (PIT 2)**

Based on document analysis, focused interviews, and direct observations all brought forth strong evidence to support to existence and use of activities to build upon participant’s skills and knowledge for all three components of the practical ideal type. Table 6.3 below shows a snapshot of the findings.

<b>Table 6.3: Consumer Skills</b>	<b>Method</b>	<b>Evidence</b>
2.1 – Food Purchasing	-Document analysis -Interview -Direct observations	Strongly
2.2 – Meal Planning	-Document analysis -Interview -Direct observations	Strongly
2.3 - Recipes	-Document analysis -Interview -Direct observations	Strongly
<b>Summary of support</b>		Strongly

### **Meal Skills (PIT 3)**

After providing participants with new knowledge on food purchasing and meal planning, next it is important to provide them with knowledge and skills of how to operate in the kitchen. Evidence from document analysis, interviews, and observations are presented to show support of Practical Ideal Type criteria.

### **Food Safety (PIT 3.1)**

#### **Document Analysis**

By reviewing the facilitators guide, facilitators are instructed to wash any fruits, vegetables, or meats in front of the class under running water. Side notes in the guide instruct Facilitators to be diligent about setting a good example about handling raw meats to the class. They are also instructed to wash surfaces that meat touches with hot soapy water. Facilitator guide offers tips for a discussion about the preparation of bulk items to use later and proper storage in the refrigerator or freezer.

The guide also instructs Cooking facilitators to remind participants to wash their hands before beginning preparation of any meal to prevent contamination and illness. They are instructed to wash their hands before they begin teaching the session. When volunteers from the class are brought up to assist in preparation they are instructed to wash their own hands before they help, thus reinforcing the idea.

#### **Observations**

Some examples of knife skills are taught during the class. The ‘claw method,’ a way for cutting an onion, in which you make your fingers like a claw to protect them from the knife’s

sharp edge, is demonstrated. The facilitator herself seemed uneasy and awkward as she chopped the vegetables during one class to prepare a vegetable curry.

Proper storage of pre-prepared food items wasn't a main focus of any class that was observed. Random tips for the foods ability to last in the fridge were offered by nothing was concrete. This is odd as during the meal planning portions of the class, the use of pre-prepared home bulk items is frequently a topic of discussion on saving time. One exception, during a class session, the Facilitator prepared applesauce for oatmeal and suggested freezing leftover applesauce for use at a later time.

The evidence collected from documents and observations provided “strong support “ of adherence to the practical ideal model component Food Safety (3.1).

### **Techniques (PIT 3.2)**

#### **Document Analysis**

During the document analysis of the Facilitator's Guide, no evidence is available to support a knife skills training. While this important skill was lacking, a variety of cooking techniques are used when preparing vegetables, proteins, and grains. Examples from the guide suggest steaming, baking, roasting, and stir frying, and facilitators are instructed to engage participants in a discussion about the different ways they prepare certain vegetables, proteins, and grains.

#### **Observations**

During observations of classes, various activities provide evidence that a variety of preparation and cooking techniques are shown to participants. Volunteers from the group are

requested to assist the cooking facilitator during the demonstration. Techniques seen during observations:

- Peeling garlic
- Using a blender to make tofu mayonnaise and applesauce
- Peeling vegetables
- Sautee vegetables
- Steaming vegetables

One problem observed during a class was when the facilitator blended hot applesauce in a blender which can cause combustion. No discussion or warning was given to the class before this was done. Also lacking, was a demonstration on safe ways to cut vegetables or proper knife handling.

The evidence collected provides “adequate support” of adherence to practical ideal model component Technique (3.2).

### **Summary of findings for Meal Skills (PIT 3)**

Based on document analysis, interviews, and observations the evidence adequately supported the criteria set forth by the practical ideal model. While various cooking techniques were used during the class, a key concept identified in the literature, knife skills, was severely lacking, thus bringing the level of support to adequate as opposed to strong. Table 6.4 outlines the levels of support.

<b>Table 6.4: Meal Skills</b>	<b>Method</b>	<b>Evidence</b>
3.1 – Food Safety	-Document analysis -Interview -Direct observations	Strong
3.2 - Technique	-Document analysis	Adequate

	-Interview -Direct observations	
<b>Summary of support</b>		Adequate

### **Community Resources (PIT 4)**

It is important to incorporate various community resources into changing participant's attitudes and habits in regards to food. Evidence from interviews to support that *The Happy Kitchen* is engaged with local community organizations, local chefs and provides field trip opportunities is presented to show support of Practical Ideal Type criteria.

### **Community Partners (PIT 4.1)**

Classes observed for this research project were conducted at the YMCA on Rundberg Lane in Austin, TX. The facility is located in a largely minority populated area, offers numerous community programs, helped in recruiting participants, and allowed use of a large room for class sessions. The classroom used had a big service window that opened into the kitchen, which was only used to wash hands in.

### **Interviews**

During an interview with Joy, she stated that THK works with organizations like; schools, churches, Austin Learning Academy, LifeWorks, VA, Livestrong, YMCA, People's Community clinic, which are all local Austin based community organizations. These organizations identify the population in need of the intervention, and then go about recruiting those individuals for participation. Organization staff has intimate knowledge of the target population and their needs. She provided an example of when THK worked with the Veteran's Association, stating that many veterans did not have access to a fully equipped kitchen, so recipes were modified to include only those things that could be cooked in a microwave or stove

top. Time of day of program offerings is also based on working with the community group, such as schools. Moms bring the children to school and then can simply stay for a THK class which takes place on campus and soon after the beginning of the school day.

Based on interview responses “strong support” was assigned to the Community Partners criteria. The program does a fantastic job at incorporating local community partners to provide classrooms, recruit participants, and make access easier for those who most need the intervention.

#### **Chefs (PIT 4.2)**

##### **Interviews**

*The Happy Kitchen* currently does not involve chefs in the intervention. Chefs had been used in the past but logistical difficulties proved to be a barrier to their participation. During an interview with Joy she stated THK chose to operate under the community facilitator model, where individuals from the community are trained to offer classes to their peers. The Program Director said she understood the value of using local chefs, but due to logistical difficulties they currently are not. She hopes to incorporate chefs back into the program in the future, as this was how the program initially started. Joy is also taking classes as part of Austin Community College’s culinary arts program to better develop her own skills to help with culinary improvements to the program.

Due to interview responses, the support level has been assigned as “limited support” because the program is not incorporating local chef’s participation into the intervention. Logistical difficulties are well understood as a barrier to full adherence to this criteria.

#### **Field Trips (PIT 4.3)**

##### **Interviews**

Currently, *The Happy Kitchen* does not offer field trips as part of the intervention. Sustainable Food Center does offer tours of local farmer's market to interested individuals or groups. The Program Director stated during an interview that she hopes to bring participants together for farmer's market tours in the future as this is a new service the organization as a whole is offering. Stated barriers to offering field trips are difficulties coordinating logistics of 10 to 15 participants, three program facilitators, and a representative of SFC as well as funding.

### **Observations**

So while the participants were not taken on a tour of a farmer's market, this SFC representative did engage the class in what a farmer's market is. She described the variety of foods that was available at the market; meat, bread, dairy, honey, and herbs. In her own words, she described this discussion as an "abstract way to provide the experience." A secondary program of SFC farmer's markets was discussed in which the organization will double your money up to \$20 for fresh produce and other food items when you pay with SNAP benefits at any SFC operated farmer's market. This program encourages those receiving SNAP benefits to purchase more food items at the farmer's market. This representative did attend multiple classes that were observed and provided the same discussion and opportunity for a tour to participants.

While no field trips were part of the program, the fact that the organizations offers free farmer's market tours and made a representative available to discuss the opportunity, shows that some effort is made to provide this experience. Discussions with classes about the offerings of a farmer's market added some value to the program. The level of support assigned to the Field Trips component is "limited support".

### **Summary of findings for Community Involvement (PIT 4)**

The Happy Kitchen showed weaker support in this component than any other, and only strongly supported one component of Practical Ideal Type 4. They are really utilizing community partners which have helped with ease of recruitment of participants and being able to offer the program in convenient locations throughout Austin. While they are not currently using local Chefs to assist with cooking aspects of the program due to logistical reasons, they are hoping to create opportunities for their involvement in the future. Fields trips to food places are offered to the community through the organization, but not as part of the intervention. A representative was made available to make participants aware of this option. Table 6.5 shows the differing levels of support for Practical Ideal Type 4.

<b>Table 6.5: Community Involvement</b>	<b>Method</b>	<b>Evidence</b>
4.1 – Community partners	-Interview	Strongly
4.2 – Chefs	-Interview	Limited
4.3 – Field trips	-Interview -Direct observations	Limited
<b>Summary of support</b>		Limited

### **Adult Learning Theory (PIT 5)**

*The Happy Kitchen* focuses programming at adults, so it is important to take into account how adults learn. Program Director, Joy Casnovsky stated that adult learning theory is used during intervention planning. Observations of intervention sessions provided support that adult learning principles are being used.

#### **What, why, how? (PIT 5.1)**

##### **Observations**

At the beginning of each session, a facilitator took a few minutes to inform the class about the various learning objectives for the session. Detailed information regarding what food



group would be covered, such as fruits, vegetables, or grains were discussed, as well as what recipe would be prepared. This was followed up by a brief summary of why the specific food group is important to a participant's health. Lastly, how the facilitators would go about teaching the information is told. Before the session officially begins, the class is solicited for questions about the information they've just been presented, ensuring understanding of the learning objectives and the 'what, why, how' of the session.

This detailed presentation of 'what-why-how' is made available in the facilitator's guide for each session. The guide clearly outlines information that facilitator's are expected to present at the start of each class. This attribute of the facilitator's guide ensures consistency and delivery of this adult learning theory component with every class.

Based on observations, evidence provided "strong support" for this practical ideal type criterion.

#### **Prior Experience Valued (PIT 5.2)**

##### **Observations**

Observations of The Happy Kitchen class sessions provided evidence of this component of valuing participant's prior experience. For instance, before beginning the cooking portion of the class, the facilitator would ask participants if they had eaten or prepared the dish before. They were asked to share their experience with the particular dish, be it eating or preparing it. This generated discussion between the facilitator and participants which allowed for open conversations about tastes and successes or failures in preparations. Participants are able to share their personal experiences with eating the dish, comment on taste, characteristics, and ease of at home preparation.

The evidence provided "strong support" for the practical ideal type criterion.

### **Motivations for Learning (PIT 5.3)**

#### **Observations**

All participants have a variety of motivations for taking part in this intervention. Most are there to improve their health through learning new applications of cooking and nutrition knowledge. Many of the participants are parents who are responsible for cooking for children and so their motivations are based on not only improving their own health, but their children's as well. Some are very interested in trying new foods and different ways to prepare foods they already know about. The program does a great job at taking all of these motivations into account by offering a variety of suggestions on how to apply this new information at home. One way the program takes into account many of these motivations is by providing participants with all the food ingredients needed to replicate the weekly dish in their own kitchen. This allows participants the opportunity to try out the new food item and cooking application at home for their family. Not only are their families experiencing this new food, but they are able to show off a new cooking technique for their loved ones.

The evidence provided 'strong support' for the practical ideal type components.

#### **Summary of findings PIT 5**

Evidence from direct observations showed "strong support" of adult learning theory in action during *The Happy Kitchen* intervention sessions. Facilitators make participants aware of learning objectives by clearly outlining what will be learned, why the information is important, and how they will learn this information during the class session. Participant's prior experience is taken into account by soliciting their experiences in regards to program activities before each activity is presented. Finally, various motivations for learning are taken into account, from increasing nutrition and cooking knowledge, to exposure to new foods and cooking techniques, and a desire to change eating habits. Table 6.6 provides a snapshot of support.

<b>Table 6.6: Andragogy</b>	<b>Method</b>	<b>Evidence</b>
5.1 – What, why, how?	-Direct observations	Strongly
5.2 – Prior experienced valued	-Direct observations	Strongly
5.3 – Motivations for learning	-Direct observations	Strongly
<b>Summary of support</b>		Strongly

## **Program Evaluation (PIT 6)**

The final stage of any program is evaluation. Evaluation allows program staff to see the short and long term effects the program has on participants as well as changes that need to be made internally. Evidence from document analysis, interviews and observations is presented to show support of this Practical Ideal Type criteria.

### **PIT 6.1- Impact Evaluation**

#### **Document Analysis**

During the document analysis of the facilitator's guide it showed that in the fifth and sixth class the facilitator is to distribute a post-test to participants. The post test was examined and consisted of multiple questions that use a Likert scale for response. Likert scale questions include such things as:

- How likely are you to now eat less packaged food?
- Try new kinds of foods?
- Spend less money on food?
- Use new cooking techniques?

Open ended questions conclude the post-test survey, example are:

- What was the most important change you made due to this series?

- How would you rate facilitators that taught this cooking series?

Outcome measures for success include that 75% of participants will report using the happy plate as a guide to healthy eating, try new cooking techniques at home, read nutrition facts labels to choose healthier foods, and an increase consumption of fruits, vegetables, and whole grains. Demographic information is also collected, such as; race, age range, number of family members.

### **Interview**

*The Happy Kitchen* employs a post-test only design for measuring impact of the intervention. The post-test is delivered in the final sessions of the six week program. *The Happy Kitchen* currently does no post-intervention longitudinal evaluation to determine long term outcomes of the intervention. Currently, *The Happy Kitchen* is working with a master's student from the UT Public Health School who is conducting a study of past participants to measure program impact post intervention.

## **PIT 6.2 – Process Evaluation**

### **Interview**

During an interview with Joy, she stated that facilitators provide each other feedback during classes, which allows them to rate each other's successes and areas for improvement in the three facilitator roles. The same three facilitators lead the entire six weeks series, and each one acts as the evaluator twice. Facilitators also set goals for themselves and conduct an annual self-evaluation to show how they are growing with the program.

## Observations

While observing all four sessions, one facilitator sat towards the back of the class and evaluated the two other facilitators during the session. During one class that was observed, the Program Director attended and could be seen taking notes on facilitators to provide feedback.

### **PIT 6.3- Program Improvement through feedback**

#### **Interview**

From an interview with Joy, she stated that based on data from participant post-tests changes to curriculum were made to incorporate more about farmer's market, home gardening and removing lessons on calcium. Participants noted enjoying the facilitator led instruction method which has led to an increase in numbers from 20 in 2007 to having 40 facilitators in 2013.

#### **Summary of findings for Program Evaluation (PIT 6)**

Through a document analysis, interview responses, and observations THK provided adequate evidence that the program is engaged in impact and process evaluation practices. Based on feedback from those evaluations, they make improvements to the program to meet the changing needs of their participants. Table 6.7 shows this support. Currently, THK only post-test all participants, but does no longitudinal follow up to measure changes in behavior. They are engaging graduate student assistance to help collect data from past participants to measure changes to behavior. Facilitators evaluate one another during class session and conduct annual self-evaluations which help with making changes to the program.

<b>Table 6.7: Program Evaluation</b>	<b>Method</b>	<b>Evidence</b>
6.1 – Impact Evaluation	-Document analysis -Interview	Adequate
6.2 – Process Evaluation	-Interview -Observations	Adequate
6.3 - Program Improvement	-Interview	Strong

through feedback		
<b>Summary of support</b>		Adequate

Table 6.8 provides an overview of the six practical ideal type components and the level of support for each.

<b>Table 6.8: Practical Ideal Type</b>		<b>Support</b>
Program Planning		Adequate Support
Consumer Skills		Strong Support
Meals Skills		Adequate Support
Community Involvement		Limited Support
Andragogy		Strong Support
Program Evaluation		Adequate Support

### **Chapter Summary**

This chapter provided an overview of the results of the document analysis, focused interviews and direct observations. Two criteria had ‘strong’ support from the evidence, while three criteria had adequate support. Only one criterion received limited support. Overall *The Happy Kitchen* is meeting the criteria set forth by the practical ideal model. The next chapter will provide recommendations for *The Happy Kitchen* as well as a conclusion for the project.

## **Chapter 7: Recommendations & Conclusion**

The purpose of this research project was threefold. First, it described the ideal component of a cooking skill intervention program obtained from the literature. Second, it assessed the Sustainable Food Center's *The Happy Kitchen* program based on this model. Third, was to provide recommendations to *The Happy Kitchen* program based on the assessment.

Chapter one provided pop culture generalizations as why people have left the kitchen for a diet based on prepared and processed foods. Chapter two illustrated the obesity problem within the U.S. and how it is linked to a lack of cooking skills. Chapter three presented the scholarly literature used to develop the Practical Ideal Type components from program planning literature, food programming, adult learning theory, and program evaluation. Chapter four provides the setting for this research project, the Sustainable Food Center's *The Happy Kitchen* program in Austin, TX. Chapter five offers a look at the methodology used to assess the Practical Ideal Type components through the case study approach. Chapter six shows the results of the case study through a document analysis, focused interviews, and observations of *The Happy Kitchen* program. Chapter seven provides recommendations for *The Happy Kitchen* and offers a general conclusion to the project.

### **Recommendations**

The final stage of this research project is to provide recommendations for The Happy Kitchen based on data collected in the case study. Each component of the Practical Ideal Model is presented below along with recommendations for each Practical Ideal Type component.

### **Practical Ideal Type 1: Program Planning**

Evidence was available to strongly support two of the three components for Program Planning. During initial planning process, it would appear based on a lack of evidence, that SFC did not conduct a community readiness assessment before implementation of THK. Regardless, of this fact, THK has been a very successful program since 1995, meaning they have been doing something right from the start. THK is guided by a very strong mission, goals and objectives, which change periodically to give the program flexibility. Most impressive are the Recruitment and Retention efforts that are in line with the Practical Ideal Model, which is seen through the number of people served by the program annually.

There are no recommendations to offer in regards to Program Planning, because THK is a well established program with notary in the Austin community. Although, evidence did not prove a community readiness assessment was completed in the beginning stages, this is a very successful program that has much community support behind it. Obviously something was done right from the beginning!

### **Practical Ideal Type 2: Consumer Skills**

All components of Consumer Skills had strong evidence to provide support for their use within THK program. Food purchasing and Meal planning activities can be seen throughout the entire series, but with most emphasis coming during the final class. Recipe comprehension is done very well during each session.



### **Practical Ideal Type 3: Meal Skills**

While THK does expose participants to new knowledge of food safety and techniques, evidence provided only adequately supported this component of the Practical Ideal Model.

Recommendations in regards to this component would be to actively engage all participants in these specific program activities. Active engagement should take away participant concerns about working with new food stuffs and ways to prepare those foods. Apart from active engagement, it is also recommended to ensure that facilitators are comfortable and confident in these areas as well, because at times it felt that facilitators weren't comfortable with a large knife or cooking equipment.

### **Practical Ideal Type 4: Community Involvement**

THK fell short in meeting all requirements of this Practical Ideal Model component, by only complying strongly with Community Partners. The Happy Kitchen has done very well in aligning itself with supportive and sustainable community partners to offer their program. While the program does not currently utilize local Chefs due to logistical difficulties, they have a very successful and fantastic Community Facilitator model in place. As stated as a barrier to Chef Involvement, logistics prove difficult to organize out of the classroom field trips for the program participants. While the program itself does not offer a field trip, the organization does provide the opportunity for guided tours of local farmers markets. A representative was made available to discuss this option with participants, as well as other SFC programs available to them.

Recommendations here would be to involve local chefs and field trips when available. Logistic and funding barriers are understood to hinder these activities, and while they are lacking, opportunities for field trips to local farmers markets are made available to participants.

During observations and interactions with the facilitators of *The Happy Kitchen*, it can be noted that the community facilitator model is a true asset of the program. The relationship built during the six weeks between participants and facilitators is lovely to watch and only helps to build a community.

### **Practical Ideal Type 5: Andragogy**

Simply by observing *The Happy Kitchen* sessions, it is apparent that adult learning theory ideals were used to craft intervention sessions. All three criteria were found to have strong support. Participants are made aware of what information will be addressed, why that information is important to their daily lives, and how they will learn. This is a very important aspect of adult learning theory, and it helps to engage participants with activities and facilitators. Before each activity the participants are asked to share their prior experience with foods, cooking applications, or nutrition information. This allows the class to come together based on common prior experience and feel that their input is valuable in helping each other. Finally, a variety of participant motivations are taken into account for being present during the intervention. No recommendations are available for this component as the program has done a great job at incorporating adult learning theory into the intervention.

### **Practical Ideal Type 6: Program Evaluation**

*The Happy Kitchen* showed adequate support of the Program Evaluation criteria. For Impact evaluations, they are employing a post-test only design, which fails to really show how the program shaped and changed participant's behavior. A lack of longitudinal evaluation of outcomes doesn't show what long-term impact the program has on participant's health and

eating habits. The program is working with a graduate student to conduct a longitudinal outcome study and this may be their best resource for continued measure of long-term outcomes.

For process evaluations, program facilitators evaluate each other during the class sessions, which provide constant feedback on how each is doing in delivering the information. They also conduct annual self-evaluations and set goals to ensure they are growing with the program. Program improvement practices are in place based on feedback from program evaluation and changes to the program are continuously made based on feedback from participants and facilitators.

Recommendations here include beginning to pre-test participants to add more validity to behavior changes due to participation in the program. Continue to take advantage of the many student resources available and work with students to conduct long-term outcome studies and in-depth process evaluations of the program.

Table 7.1 provides recommendations for *The Happy Kitchen*. Recommendations are limited here as the program meets many criteria set forth by the practical ideal type.

<b>Table 7.1: Practical Ideal Type Component</b>	<b>Evidence of Support</b>	<b>Recommendation</b>
<b>1. Program Planning</b>		
1.1 Community Readiness Assessment	Limited support	Continue with current operations.
1.2 Mission, goals, objectives	Strong support	Continue with current operations
1.3 Recruitment and Retention	Strong support	Continue with current operations.
<b>2. Consumer Skills</b>		
2.1 Food purchasing	Strong support	Continue with current operations
2.2 Meal planning	Strong support	Continue with current operations

2.3 Recipes	Strong support	Continue with current operations.
<b>3. Meals Skills</b>		
3.1 Food safety	Strong support	Continue with current operations.
3.2 Technique	Adequate support	Provide facilitators with more knife skills training, actively engage all participants in a knife skills training.
<b>4. Community Involvement</b>		
4.1 Community resources	Strong support	Continue with current operations.
4.2 Chefs	Limited support	Incorporate local chefs when possible.
4.3 Field trips	Limited support	Continue informing participants about opportunities available within the organization. Attempt to organize a field trip outside the intervention that brings the same participants together.
<b>5. Andragogy</b>		
5.1 What, why, and how?	Strong support	Continue with current operations.
5.2 Prior experience is valued	Strong support	Continue with current operations.
5.3 Motivations for learning	Strong support	Continue with current operations.
<b>6. Program Evaluation</b>		
6.1 Impact Evaluation	Adequate support	Begin pre-testing participants to add more validity to outcome data. Continue to utilize graduate students to conduct evaluation of long-term outcomes of the program.
6.2 Process Evaluation	Adequate support	Continue current practices.
6.3 Program Improvement through feedback.	Strong support	Continue current practices.

## **Overall Conclusion of this project**

Overall, *The Happy Kitchen* is a fantastic community program that is supported by a much invested staff and group of community facilitators. While focusing on providing nutrition education, based on participant feedback, the program cultivates a desire to cook healthy meals at home. Not only does the program provide valuable knowledge, but it creates a great community amongst participants and facilitators. While attending the final session of the 6 weeks series, one could see the participants have built a bond, and it was wonderful to see everyone sharing their experiences and home cooked foods with one another. It is obvious that *The Happy Kitchen* does a lot to enhance participant's attitudes and behaviors towards healthy eating and cooking. One can hear it in participant's voices as they share what they have gained from the past six weeks. As the program continues to grow and expand services, it will be exciting to see what changes they create within the community.

This practical ideal model for cooking skills intervention programming offers a great tool for existing programs to compare their activities based on research from a variety of disciplines. It can also be used by those organizations looking to implement a cooking program to serve the needs of their communities. In the future, this model can evolve as new research comes to light on cooking skills programs and their use to help empower those in need of an important life skill. Cooking is a timeless practice that can help nourish the body, the soul, and bring people together to share a common experience.

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