

**The Impact of Community-Based Nutrition Workshops on Participants’
Cooking Skills, Health Behaviours, Nutrition Knowledge and Quality of Life:
A Qualitative Investigation**

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Summary

This report discusses the impact of the Guelph Community Health Center's (GCHC's) cooking classes on participants' cooking skills, health behaviours, nutrition knowledge and quality of life. A review of the qualitative findings from focus groups and interviews conducted on GCHC's cooking class participants provides insight into the impacts these classes have had on the lives of the participants. Furthermore, it provides data for quality assurance of the cooking class program.

Key findings include:

- The GCHC has a positive impact on participants' personal health, improving health outcomes such as blood pressure, blood sugar management, cholesterol, weight loss and general overall health.
- Participants' diet quality had improved after attending the cooking classes including increased fruit and vegetable intake, increased fibre intake, decreased fat intake, decreased salt intake, increased plant-based protein choices and improvement of healthy eating patterns.
- Participants noted continued learning on a range of topics:
 - Increased cooking skills: baking skills, cooking for one, freezing and batch cooking, improved food safety, knowledge on herbs and spices, knife skills, making recipes at home and decreased food waste.
 - Improved grocery shopping skills: budgeting, utilizing grocery lists and selective purchasing.
 - Improved nutrition-related knowledge: label reading, meal spacing and sustainable eating patterns.
 - Expanded cultural knowledge and improved exposure to novel and diverse foods.
- Participants stated that the cooking classes positively impacted their overall quality of life as they provided opportunities for social experiences such as eating together, getting out of the house, meeting new people and sharing their experiences with family and friends.
- Participants discussed multiple aspects of the cooking classes they would like to see continued, and areas for improvement.
 - **Continue:** group-based work, introducing participants to new ingredients and recipes, using practical recipes participants can use at home, providing nutrition education on foods and health conditions at the beginning of classes and fostering the learning of everyday life skills
 - **Improve:** advocate for new cooking equipment, spend more time learning cooking techniques, provide visual aids to participants
- This research demonstrates that GCHC is currently fulfilling its program logic model by meeting the program's short and medium-term outcomes, which are contributing to the long-term outcome of "ultimately eliminating disease and living a healthy lifestyle".

The information presented in this report has been gathered by conducting focus groups and interviews that used a semi-structured interview guide. This report has been prepared for

quality assurance of the GCHC cooking classes as part of the FRAN*6750 research course at The University of Guelph.

TABLE OF CONTENTS

Summary	2
(1.0) Introduction	5
(1.1) <i>Methodology</i>	5
(1.2) <i>Scope of the Report</i>	5
(2.0) Findings	6
(2.1) <i>Impact on Personal Health</i>	7
(2.2) <i>Continued Learning</i>	8
(2.3) <i>Improved Quality of Life</i>	11
(2.4) <i>Quality Assurance</i>	12
(3.0) Conclusion	13
(4.0) Recommendations	13
(5.0) Reference List	15
Appendix 1	16

1.0 Introduction

Nutrition plays a key role in many aspects of health including disease prevention, treatment and improving quality of life. This role of nutrition in health is steadily evolving to become a more widely recognized branch of healthcare. In particular, community health centers (CHC's) have identified nutrition as a key target for a more holistic approach to health. This includes the need for nutrition education and health promotion. One of the health promotion initiatives often provided by CHC's are community cooking classes, or nutrition workshops. These workshops aim to increase participants' nutrition-related knowledge, cooking skills, personal health outcomes and expand social networks through inclusive, hands-on cooking sessions (1).

Community-based cooking classes have been shown to improve the health and well-being of participants in various ways. They have been documented to improve fruit and vegetable intake, caloric intake and cooking confidence. As the workshops are group-based, this also encourages the growth of social support networks; fostering confidence, skill and knowledge development (2,3). Many CHC's have adopted this intervention framework in order to improve these outcomes in minority and socially disadvantaged populations. The Guelph Community Health Centre (GCHC) offers several community cooking classes per month targeting these population groups.

This report will describe the results of a qualitative evaluation of the impact of GCHC cooking classes on participants' cooking skills, health behaviours, nutrition-related knowledge and quality of life. The findings will be beneficial to GCHC for quality assurance of the nutrition workshops in terms of achieving their program logic model outcomes (*Appendix 1*). The findings will also help identify strengths and weaknesses of the nutrition workshops. This will contribute to building a cooking class that is further tailored towards the unique needs of their target population.

1.1 Methodology

A combination of focus groups and individual interviews were utilized to collect qualitative data for this analysis. Three focus groups and two individual interviews, with a total of nine participants, each approximately 20 minutes in length and following a semi-structured interview guide, were used to collect data from current GCHC cooking class participants. The collected data were transcribed by the research team and analyzed using theoretical thematic analysis to determine if the GCHC logic model outcomes had been met (See Appendix 1 for the complete logic model). Themes and subthemes were created by the research team using open coding. These themes were then compared to the cooking class program logic model to assess whether the cooking program was meeting the short, medium and long-term logic model outcomes.

1.2 Scope of the report

This report was created to evaluate the impact of the GCHC cooking classes on the lives of its participants and for quality assurance of the program. It is not generalizable and should not be shared with any parties outside of the GCHC organization.

2.0 Findings

The thematic analysis resulted in five major themes: Impact on Personal Health, Continued Learning, Improved Quality of Life, Decreased Food Waste and Quality Assurance. These are discussed in detail below. Table 1 outlines the Themes, Subthemes and Codes that emerged during thematic analysis.

Table 1: Thematic Analysis Coding

Theme	Subtheme	Codes
Impact on Personal Health	Improvement in Personal Health Outcomes	Blood Pressure Blood Sugar Management Cholesterol Weight Loss General Health Comments
	Improved Diet Quality	Increased Fruit and Vegetable Intake Increased Fibre Intake Decreased Fat Intake Decreased Salt Intake Increased Plant-Based Protein Choices (meat alternatives) Healthy Eating Patterns
Continued Learning	Improved Cooking Skills	Baking Skills Cooking for One Freezing and Batch Cooking Improved Food Safety Knowledge on Herbs and Spices Knife Skills Making Recipes at Home Decreased Food Waste
	Improved Grocery Shopping Skills	Budgeting Utilizing Grocery Lists Selective Purchasing
	Improved Nutrition Knowledge	Label Reading Meal Spacing Sustainable Eating Patterns
	Expanded Cultural Knowledge	Expanded Knowledge on Different Foods
Improved Social Experiences		Eating Together Getting Out of the House Meeting New People Sharing Experiences with Family and Friends

Quality Assurance		Aspects of Cooking Class that are Successful Aspects of Cooking Class that Need Improvement
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2.1 Impact on Personal Health

Improvement in Personal Health Outcomes

Improvement in personal health outcomes is a long-term outcome in the program logic model, “to eliminate disease and live a healthy life”. Participants reported improvements in personal health outcomes such as blood pressure, cholesterol levels, weight loss and stress levels as a result of attending the cooking classes. One participant even stated that the cooking classes had “basically, given me my health back.” Another participant commented on the effects of the cooking classes on her blood pressure and cholesterol:

“Coming here and attending these classes have affected my real life, like in my real life. My sugar level was higher, my cholesterol level was higher, so both of them have been decreased since coming here.”

Another participant commented on how the cooking classes provided her with the appropriate nutrition information that she needed to achieve healthy weight loss:

“Trying to lose weight and not knowing the right foods to eat and starving trying to lose weight. And that didn’t work. So again, knowing the right foods and eating three healthy meals a day. The more you eat healthy, I notice with myself, I’ve lost a little bit of weight.”

Improved Diet Quality

Multiple participants commented on improvements in diet quality after attending the cooking classes. This included comments regarding improved fruit and vegetable intake, limiting fat and sodium intake, improved fibre intake and including plant-based protein choices more frequently. Additionally, two participants discussed how being introduced to new ingredients and recipes in the cooking classes increased the variety of nutritious foods they ate:

“Yeah, it’s affected mine quite a bit I guess. [I] used to just have peas, carrots, potatoes or rice and a meat sort of thing and now I have, uh, like a vegetarian type chili that I make more, twice a week, and eat vegetarian instead of meat and try more different variet[ies] of vegetables and such so. So, yeah, it’s helped a little bit.”

“Yeah, I didn’t even know about tofu. Yeah, so, we can make different recipes with tofu and about the health benefits, which is really important. I have learned that.”

Significance of the Impact on Personal Health

The impact of community cooking classes on participants’ food choices has been well documented. Studies have shown that cooking classes improve participants’ fruit and vegetable intake, improve sodium intake and reduce calorie intake (4,5). These findings are consistent with

the data collected from the focus groups at GCHC. Based on these firsthand reports, it is clear the GCHC cooking classes have an impact on participants' health and diet quality. By giving participants the knowledge and resources to improve their own health, these classes are contributing to improved overall personal health and well-being.

These findings demonstrate fulfillment of the short-term GCHC cooking class program logic model outcomes of: "clients using new information and skills to improve their health and quality of life", "creating positive attitudes towards healthy eating and management of disease" and "increasing participant awareness of nutrition-related information". These also contribute to the long-term goal of "ultimately eliminating disease and living a healthy life".

2.2 Continued Learning

Improved Cooking Skills

Improved cooking skills are another frequently documented outcome from these hands-on classes (3). The main cooking skills that participants highlighted learning from the cooking classes included freezing and batch cooking, knife skills, baking skills, knowledge about using herbs and spices, how to decrease food waste and how to use more recipes at home. One participant explained that they also learned important food safety skills during the cooking classes:

"We are also learning the tips here like washing hands before cooking. Now I am following the same thing at home. I didn't know about that. So, I started doing it after I attended the workshops and learned from them."

Another participant explained that they learned how to lower the sodium content of canned vegetables by washing them before cooking and also commented on learning new knife skills:

"Yeah, I've learned [to] clean [and] wash the beans before you use them when they come from a can. And how to cut up onions and, uh, how to cut things, I guess. Not to use the - keep the seeds from the peppers out of the stuff and, uh, a few things I've learned I guess."

One participant who commented on batch cooking explained that this contributed to improving their diet quality at home as they were able to use high sodium processed, microwaveable foods less frequently:

"My life until I started coming here was zapping a microwave. It's very easy to do. You're on your own, you don't - there's no responsibility for cooking for anyone. And it's not healthy, I mean, you know. And it's boring, who wants to eat that kind of stuff all the time? You're supposed to have variety. And, and, its good. What's good is I can make something, and freeze, you know, make it for a couple of nights. And cook enough. What I do is I make about three or four portions and then freeze the rest."

Improved Grocery Shopping Skills

Another theme that surfaced during thematic analysis was improved confidence and knowledge about grocery shopping. Participants discussed how the cooking classes increased their knowledge surrounding savvy food purchasing, including strategies for how to buy foods to minimize waste and save money.

“Yes. I only buy what I really need.”

“I definitely buy smaller amounts. I used to go and get - go and buy big lists. Now it’s just as I need. I buy exactly what I need. I go in and I have a list and that’s it. I come out with what I need. And I try to do, uh, two or three small lists in a month instead of one big one.”

Another participant highlighted how her improved cooking skills have also contributed to decreasing her food waste and saving her money as now she can be more creative with ingredients in the kitchen:

“For me, it’s less waste...Because I know how to use most of it.”

Likewise, another participant shared how the skills gained from the cooking classes can be multi-faceted:

“[I’ve learned] how to buy the vegetables from the store. Yeah, how can I get them in a cheaper way, how can it be more economical.”

Improved Nutrition Knowledge

Many studies have documented improved nutrition knowledge as an outcome of community cooking classes (4). This relates to the logic model outcomes of “increase participant awareness of nutrition-related information” and “clients use new information and skills to improve their health and quality of life”. On top of general healthy eating, nutrition-related topics that participants felt they had gained knowledge in included label reading, meal spacing and sustainable eating patterns. One participant discussed that she had learned about new nutritious foods:

“It’s really good for me. I have learned so many new things. There are so many foods that I don’t even know that are good for my health. I have learned a lot from these classes and I am trying to eat the way that they are telling me to...”

Another participant discussed that they learned about the nutritional value of fresh and frozen vegetables:

“So how to have, like, you know, fresh vegetables and then frozen vegetables. How you get it. How you know they are available. I didn’t know that, that’s all I learned from here. So, like, the ingredients or the nutrition is the same in the fresh vegetables, like, similar to the frozen because we did not like the frozen vegetables... we thought that it had less nutrition. So, it was very beneficial for me.”

Here, the participant discusses how general nutrition knowledge regarding similarities between fresh and frozen produce has impacted her food choices at the grocery store and increased her fruit and vegetable intake. This type of connection between the major themes was a pattern that frequently emerged during the coding process. The skills that were gained from the cooking classes impacted participants' confidence in making healthy choices which impacted their behaviours and health outcomes.

Expanded Cultural Knowledge

An unexpected subtheme that emerged was improved cultural knowledge and exposure to new foods. Multiple participants commented on the fact that they enjoyed learning recipes that were rooted in different cultures and that this had expanded their own willingness to cook with different foods at home. This participant discussed how their knowledge of new foods included learning about more whole grain foods.

“I never knew about brown sugar. I never heard about brown rice before coming to these classes. And quinoa – many, many things.”

This exposure to new foods included both exposure to North American-style foods for those who had immigrated to Canada from other countries as well as exposure to non-traditional foods for those who had spent the majority of their life in Canada. This universal cultural learning was another aspect that we felt contributed to the positive social environment and community feeling of the cooking classes.

Significance of Continued Learning

Previous research has shown that cooking classes improve participants' food safety and cooking skills (6). This was consistent with our findings, as participants described learning new skills through the cooking classes such as improved food safety skills, improved knife skills, freezing and batch cooking, and making recipes at home. The GCHC cooking classes enable participants to learn skills which can improve their knowledge and confidence in the kitchen. This is significant, as these skills can empower participants to make more meals at home, which is associated with improved healthful dietary choices (7).

Participants also discussed improvements in their grocery shopping habits. This is consistent with the findings of Hutchinson et al. (4), who found that increased awareness of food purchasing skills increased individuals' fruit and vegetable consumption and cooking confidence.

By fostering continued learning among participants, the GCHC is meeting the short-term logic model outcomes “opportunities for learning and skill development are available to participants”, “increase participant awareness of nutrition related information” and “clients use new information and skills to improve their health and quality of life”. This also fulfills the medium-term outcomes of “behaviours are more positive towards healthy eating practices” and “practice learned skills at home”.

The GCHC is filling a need for continued learning on food skills and nutrition topics in the community by conducting these cooking classes. One participant summed it up best when they stated, “When it comes to nutrition, there’s always something new to learn.”.

2.3 Improved Social Experience

A common theme identified by participants was the ability of the cooking classes to improve participant quality of life. Participants specifically stated that attending the cooking classes had a large impact on their social life as the classes increased social experiences such as eating together, getting out of the house, meeting new people and sharing their experiences from the cooking classes with family and friends.

Previous studies have consistently demonstrated that cooking classes give participants the opportunity to practice cooking skills in a supportive environment. Spence et al. (3) and Miller et al. (8) found that this translates into an increased motivation to cook, improving confidence in cooking skills. Improving cooking skills in even one member of a household can impact the dietary choices of the entire family (3). This shows that the reach of community cooking classes goes beyond that of just the participant. These findings were also a common theme among participants in the GCHC cooking classes as they stated;

“I do come here for the social aspect and to get me out of my apartment because I live by myself. And if I - I can get stuck in my apartment for days if I don’t plan to do something. So, it’s nice coming here.”

“For myself, it’s getting out and, uh, meeting people, uh, and enjoying the teamwork.”

“I feel happy when I come here.”

“My family, my sister-in-law’s they know about it and are very happy that I am attending those and learning how to make these things and sometimes they want to, like, taste the food as well and I say yes, I will for sure.”

This sense of community that emerged from the focus groups and interviews appeared extremely valuable to participants. As apparent in these quotes, multiple participants linked the cooking classes with a sense of belonging and a reduced sense of social isolation. It became clear that the benefits of the cooking classes at GCHC went beyond tangible, practical skills to also create this improved quality of life for participants.

Significance of Improved Social Experience

Cooking classes have been shown to develop social networks, which creates motivation to return for future classes, combatting social isolation (9). This was demonstrated in our research as participants continually stated that the cooking classes helped to get them out of the house and engaging with others - something they may not have otherwise done. Additionally, the workshops are group-based which encourages the growth of social support networks, fostering confidence, and skill and knowledge development (2,3). This supports the GCHC in meeting their logic model outcome to “address common issues among priority groups” as we know that social isolation is often common among minority and socially disadvantaged populations.

Additionally, it fulfills the logic model outcome of “promoting healthy eating to other members of the family/friends” as participants have been discussing the cooking classes, what they learned and what they ate, with friends and family.

2.4 Quality Assurance

The main goal of the GCHC cooking classes, which is stated in their program logic model, is to “promote healthy eating and the management of disease through nutrition education, skill building and hands-on activities.”. Consequently, a major focus of this research was to determine aspects of the cooking classes that were currently meeting this goal in addition to areas that could be improved to better facilitate meeting these outcomes. There were many suggestions given from participants, as shown below.

Aspects of Cooking Class that are successful

“I think the recipes are really practical. You can use them all again, while some recipe books are, like, we will cook that when the queen comes kind of thing.”

“The recipes are all very practical and, like, low ingredient. Like, not 20,000 ingredients you don’t need or don’t have in your cupboard...”

“Every time there is a new recipe and in every class I learn something new.”

Aspects of Cooking Class that Need Improvement

“I’ve only seen two things, but, uh, [pause] it looks pretty good. Uh, I think that this one was much better than the first one. In the first one, things were rushed too much. Uh, I think that they - that the equipment that they’re using, they need to get a bit better equipment. Like they were sautéing in a - in a very thin stainless steel pot the first time. And everything smoked up and then of course they didn’t sauté it long enough. They had to add water to it because they were burning it. So, perhaps, they need to get better equipment.”

“One thing that I find a bit confusing sometimes with the recipes is um, like, a lot of people don’t know what size that something should be cut. It’s not because they, you know, are not capable of knowing the size. But sometimes the recipe calls for smaller chop than you chopped it or something like that, and it might be helpful to have a sample of how something should be cut at the station so that people can, can then do it properly.”

“Over the years I’ve noticed a lot of people don’t know different techniques. Like when you’re, just for an example, if you’re making muffins. Um, some people will stir it really hard and you’re not supposed to. You’re supposed to gently fold because if you stir it really hard it will turn into, like, a hockey puck.”

Significance of Quality Assurance Results

Many participants shared that they enjoyed the simple, practical recipes that are used during the cooking classes and that they enjoyed sampling the foods. Participants also enjoyed learning something new in most classes. Multiple participants highlighted that they had

improved food access because of the cooking classes, as they could count on a guaranteed meal a few times per month in addition to the educational component. This shows that the GCHC logic model outcomes of “resources and recipes are suitable for participants and flow with topic selected” and “healthy, free food is provided to participants” are both being met.

A few helpful suggestions were also discussed by the participants such as improving the quality of the cooking equipment, spending time demonstrating different cooking techniques and providing visual aids of how ingredients should be cut. The latter two findings suggest that the cooking classes may benefit from utilizing more diverse educational techniques to better appeal to a variety of learning styles. Incorporating these suggestions will enable GCHC to tailor the cooking classes to the needs of the intended target population, further contribute to participants’ learning needs and continue to meet its short and medium-term outcomes while progressing towards fulfilling its ultimate long-term goal. The research teams’ recommendations for the cooking classes based on the findings in this report can be found below.

3.0 Conclusion

The GCHC cooking classes are improving participants’ personal health outcomes, furthering their learning and improving their overall quality of life. Many of the outcomes discussed, such as improved diet quality, increased fruit and vegetable intake, improved knife skills and improved social experiences, are consistent with findings in the literature. Through these outcomes, GCHC is fulfilling their program logic model’s short and medium-term outcomes and ultimately is working towards fulfilling their long-term outcome of eliminating disease and living a healthy lifestyle. The GCHC cooking classes are positively impacting participants’ lives by empowering them with the knowledge, skills and confidence to improve their diet quality and overall health. The friendly, social environment fosters a sense of happiness, belonging and purpose which combats social isolation in a potentially marginalized group of individuals. This is a very valuable program which has changed the lives of its participants for the better. Overall, the GCHC cooking classes have demonstrated that they are an extremely effective program to improve the nutrition knowledge, cooking skills, quality of life and, ultimately, the health of its participants. The cooking classes are an absolute asset to the GCHC and should be held in high regard as they continue to impact participants’ lives in the years to come.

4.0 Recommendations

Based on the research findings, our team recommends the cooking classes continue running at GCHC while working to improve the following items:

Areas to Continue

- Continue to encourage group-based work during cooking class to foster positive social interactions among participants.
- Continue to introduce participants to new ingredients and recipes to expand their nutrition, food and cooking knowledge.
- Continue to use simple, practical recipes that participants can replicate at home.

- Continue to provide nutrition education at the beginning of class on the benefits of certain foods in relation to general health and wellness (i.e. vegetables are high nutrient, low calorie foods, choose whole grains more often, etc.).
- Continue to provide nutrition education during classes on how to manage or prevent different health conditions (i.e. blood pressure, cholesterol levels, weight loss, stress, diabetes, etc.).
- Continue to foster the learning of everyday life skills such as patience in the kitchen, teamwork, grocery shopping and cooking confidence.

Areas to Improve

- Include more time in class to learn specific cooking techniques.
- Provide participants with visual aids to improve their understanding of how things should be cut and prepared (i.e. provide participants with an example of how a “diced” item looks).
- Advocate for additional funding to replace equipment that is in need of repair to enhance the cooking class experience for participants.

5.0 References

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Appendix 1

Guelph Community Cooking Classes Program Logic Model Outcomes

Overall Goal: Promote healthy eating and the management of disease through nutrition education, skill building and hands-on activities.

Outcomes – Impact		
<i>Short</i>	<i>Medium</i>	<i>Long</i>
<p>Resources and recipes are suitable for participants and flow with topic selected</p> <p>Healthy, free food is provided to participants</p> <p>Opportunities for learning and skill development are available to participants</p> <p>Increase participant awareness of nutrition-related information</p> <p>Participants are invited to share opinions and knowledge around nutrition concepts</p> <p>Clients use new information and skills to improve their health and quality of life.</p> <p>Create positive attitudes towards healthy eating and management of disease</p>	<p>Address common issues among priority groups</p> <p>Behaviours are more positive towards healthy eating practices</p> <p>Practise skills learned while cooking at home</p> <p>Promote healthy eating to other members of the family/friends</p>	<p>Ultimately to eliminate disease and live a healthy life</p>