What is the evidence of the effectiveness of skill and participation focused cooking programs for community-dwelling older adults?

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Overview

• Introduction and relevance

• Occupational therapy, cooking programs & reablement

• Method

• Results
  ➢ Psychosocial
  ➢ Cooking skills
  ➢ Food skills
  ➢ Facilitator input

• Implications
  ➢ Strengths, limitations & future research

• Recommendations
In 2017, over 1 in 7 Australians were aged 65 years and over
(Australian institute of health and welfare (AIHW), 2018).

95% of those over 65 are living in their own households
(Australian institute of health and welfare (AIHW), 2017).

28% of population are 55 years and over
23,900 residents are at post-retirement age (65+)
(Knox Community Demographics, 2017)
Aim

To review the evidence surrounding cooking skills interventions, to inform the development of a community-based cooking program for older adults (65+), ‘Meals for Me’, at Knox City Council.
Occupational therapy, cooking programs & reablement

**Occupational therapy & reablement**

- Promoting independence
- Regaining and building capacity and skills
- Encouraging social and community participation
- Active and meaningful engagement
- Building confidence

**Evidence-based cooking**

- Evidence-based cooking interventions with a range of populations, and disciplines, including within occupational therapy settings
- Occupational therapy uses cooking activities to assess physical motor skills, cooking skills and executive functioning within different populations and settings
Methodology

PRISMA Flow Diagram

Records identified through database searching (n = 1220)
Records after titles screened (n = 54)
Records after duplicates removed (n = 44)
Full-text articles assessed for eligibility (n = 24)
Studies included in qualitative synthesis (n = 2)
Studies included from additional search (n = 2)
Studies included in mixed-methods synthesis (n = 3)
Studies included in meta-analyses (n = 3)

Records excluded after abstracts screened (n = 20)


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Charting results

Table 1.

**Descriptive table** of our 10 studies, showing methodology, results, strengths and limitations, and outcomes

Table 2.

**Analytical table** that highlights features of program designs that were outlined across the 10 articles. 8 programs were included.
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Themes

1. **Psychosocial**; Confidence, socialisation, enjoyment in cooking
2. **Cooking skills**; Quality of cooking, instrumental cooking skills, strategies
3. **Food skills**; Purchasing behaviours, food safety knowledge and food waste, and improving health and nutrition knowledge

These themes all demonstrated areas of improvement for participants, and no negative implications or outcomes were reported across all studies.
Results

Psychosocial

- Confidence, socialisation and enjoyment in cooking

Participants of the ‘Frankston Community Kitchen Program’ reported a 69% (n=28/42) increase in self-confidence in completing tasks following the program, which extended beyond culinary endeavours, and influenced their desire to participate more in community-based activities and organisations. (Gunnion, 2008)

Cooking skills

- Quality of cooking, instrumental cooking skills and strategies

In the ‘Men Can Cook’ program 84.2% (n=16/19) of participants developed skills in recipe reading, and 73.7% (n=14/19) in cooking food according to recipes (Keller et al., 2004).
Results

Food skills

- Purchasing behaviours, food safety knowledge and food waste, and improving health and nutrition knowledge

“Participants in the ‘Eat Better, Feel Better’ program reported, post-intervention, that they understood why a balanced diet and health eating was important. This influenced 50% (n=21/42) of participants reporting an overall increase in accurately reading food labels” (Garcia et al., 2017)

Facilitator input

- Type of facilitator; trained community-worker or volunteer, dietician or nutritionist
- Participant involvement in program design
Strengths, limitations & future research

**Strengths**
- Inclusion of 10 studies and multiple programs
- The inclusion of systematic, and critical reviews
- Quantitative and qualitative studies included - appraised by CASP tools
- Use of grey literature

**Limitations**
- Rapid review time constraints
- Prioritising relevance of studies over evidence quality
- Some selection methodologies of lower quality
- Majority of data was qualitative, reducing objectivity of findings
- Broadened scope of population to all adults
- Due to general diversity of programs, systematic reviews were unable to provide conclusive data
- Exclusion of programs in which outcomes were all nutrition/dietetics assessment evaluated

**Future research**
- Development of higher quality evidence in evaluating these programs
- Jamie’s program highlighted, that these programs can be studied with a control group
1) Programs have a three pronged focus; participatory cooking, nutritional education, and social opportunities

2) Cooking interventions should incorporate a practical skills component and provide nutritional information.

3) Input from a trained facilitator that is most appropriate to the group needs.

4) Allow participants to be active in program design
Recommendations for practice

5) Providing take home materials can assist in transfer of skills

6) Evidence supports meeting weekly

7) Sharing the meal at the end of the session provides additional chances to socialise

Evaluation tools

8) Need for development of validated assessment tools to better evaluate cooking program outcomes
References

References


