



### **What is the project about?**

The philosophy of the project is to increase cooking skills, prepare and consume nutritious meals. Many aspects of the 'Good Quick Tukka: Cook it, Plate it, Share it' project are borrowed from Jamie Oliver's manifesto which aims to "re-invigorate a passion for food in the community and increase skills needed for cooking".

### **Aim**

Increase the number of meals being prepared at home among Aboriginal and Torres Strait Islander people.

### **Objectives**

- To engage Aboriginal and Torres Strait Islander children, young people and adults.
- Increase confidence and skills required to prepare food and cook healthy meals.
- Enhance and explore cooking techniques, including traditional methods of cooking, and experiences of participants focusing on the social fun and enjoyment of food
- To identify enablers for cooking for Aboriginal and Torres Strait Islander people
- To identify barriers and enablers to implementing GQT

### **Methods:**

**Recipes:** The following criteria for a recipe to be included in the Good Quick Tukka: Cook it, Plate it, Share it project **MUST:**

- a. be able to be prepared in under 30 minutes
- b. have two other people, other than the person nominating the recipe, confirm that the recipe is 'good' and 'quick' tukka
- c. be equal to or more than a serve of vegetables, legumes or fruit as described in The Australian Guide to Healthy Eating
- d. Recipes high in saturated fat (more than 3g/100g) or sugar (more than 15g/100g) must have an alternative suggestion for use of that ingredient (e.g. Cream – use milk with flour to thicken for sauce in carbonara)

Cook ups: Leaders within each community controlled health service will acquire skills and knowledge to pass on to at least two other people, and so the chain continues. Participating services should aim to do at least one group cook up per month, with a minimum of five participants, either staff or community members. Recipes and details of the cooking session (Individual Evaluations and Log Sheets), will be forwarded to the QAIHC Population Health Hub, along with evaluation materials for further sharing.

Cook ups can also be implemented at Community expo events where the leader can teach 2 people how to cook and they pass on the recipe and teach 4 other people how to cook and so on if time allows.

It is hoped volunteers will be willing to support the project to teach different skills on how to create/adapt each dish available on the menu, for example experienced home economic teachers, chefs or Community Nutritionists.

The plan for the future is to engage Indigenous people who cannot cook but who would like to learn how to cook. This will be achieved through advertisements and active recruitment via the Community Controlled Health Services. QAIHC will provide a chef to come out and demonstrate specific recipes and methods of cooking these recipes. As part of their training, they will be required to pass these cooking methods and recipes onto other people. For example the chain may begin in community controlled health service and passed along to the wider community through existing lifestyle programs such as diabetes group sessions, or through families of participants of the diabetes group.

They will meet regularly to cook one recipe per session for a total of 12 sessions. The end result will be a function where family and friends will be invited to a formal sit down 3 course dinner and participants graduate.

An incentives system will be incorporated into the project to reward efforts and encourage further participation. These rewards will reinforce participation such as cooking equipment and resources required for preparing food and cooking, for example knives, chopping boards and recipe books. Other motivation strategies include offering nutrition and additional professional cooking education and training which will ensure sustainability of meeting the projects aim.

Evidence based messages and evaluation will be built into the project at various stages. Recipes will include vegetables and/or fruit, with the menus to reflect the core food groups and guidelines from the *Australian Dietary Guidelines*<sup>1</sup>. Safe handling of food techniques and encouragement of other national and state social marketing campaigns such as the Australian Governments 'Measure up' campaign will be integrated into the project.

**Evaluation**: Evaluation will be vital for communicating success and the continued growth of the project. A number of evaluation tools have been considered to enable people to register and record their experiences, formal and informal, while tracking the success of project:

- Quantitative analysis of participants numbers and demographics at each centre by:
  - keeping a centre log of cook ups held
  - visitors book: this will record date of attendance, age, sex, suburb of residence, source of the meal they ate for dinner the previous night, what the meal was, time spent at cooking session, number of times they have participated, reason for returning if more than first time, what they have learnt and confidence in their cooking skills.
- Qualitative analysis of participants and staff conducted via group interviews and surveys

### **Results so far (from March 2009- July 2010)**

- 256 people participated in 36 GQT sessions, averaging 7 people per session
- 71% were female.
- 24% were aged less than 30 years old and 21% of participants were aged in the 30-39 years category
- 60% identified as Aboriginal, 1% Torres Strait, 23% Non Indigenous and 16% did not respond.
- 24% rated their cooking skills as basic or limited on a scale of limited, basic, okay, great and advanced.
- 89% made meals at home
- 82% had a meal cooked at home or home cooked

From the qualitative data collected, there was an increase in knowledge about other cultural cuisines, skill level increased- one person had a job working in a kitchen and there was an increase in confidence and self esteem

Data collated from the feedback forms regarding the objective of enhancing and exploring different cooking techniques had respondents stating that they 'used different ingredients, e.g. wholemeal flour, chickpeas, vegetarian dishes, herbs and spices, used different cooking equipment such as a mortar and pestle.

Regarding the objective of 'social fun and engagement', comments included:

- “I met staff I have never met before.”
- “One person never went anywhere except shopping and the Community Controlled Health Service, but now attends, not interested in cooking but likes sitting down with everyone and eating”
- “Best time. They were taking photos of themselves to show their mother because their Mum wouldn’t believe that they were cooking”.

Nine key themes emerged from the question’ What would help you make it easier for you to cook meals at home’?:

Theme	Number of responses
<u>Timely, quick or fast meals to prepare</u> <ul style="list-style-type: none"> <li>○ . “More time”, “Quick recipes like these”.</li> </ul>	43
<u>Increased skills or knowledge</u> <ul style="list-style-type: none"> <li>• “Learning how”, “more confidence in preparation”.</li> </ul>	21
<u>Affordability</u> <ul style="list-style-type: none"> <li>○ . “..Knowing where the cheapest place for food and vegies”, “cheaper foods from market specially vegetables”.</li> </ul>	13
<u>Combined effort within the household</u> <ul style="list-style-type: none"> <li>○ “Family chip in”, “help in washing up and food preparation”.</li> </ul>	18
<u>More suitable and available house hardware and space</u> <ul style="list-style-type: none"> <li>○ “more cooking equipment”, “microwave”.’ Bigger kitchen</li> </ul>	16

<u>Increased or improved planning for meal preparation</u> o . “Making a plan of what to cook so don’t have to think”, “Better preparation”.	15
<u>Someone else to cook</u>	15
<u>Ingredients available at home</u>	4
<u>Other</u> – unclassified – “If mum trusted me to cook’	15

Respondents from the group interview stated that they liked the recipes and they wanted more sessions. 33% of the participants interviewed had ‘cooked more often’ and 71% had cooked the recipes again. They are using the skills learnt from the session but they did not increase their fruit and vegetable intake. Some reported a decrease in their intake of takeaways or they consumed healthier choices and changed their eating habits.

### **Challenges**

The major challenges to implementing GQT are that staff turnover had an impact on the program as it was not implemented when staff left; the success of the program was also more evident in centres where there was a champion driver who implemented the program. At some services participants heavily relied on staff to facilitate rather than actually being directly involved in the cooking.

The major barriers to implementing GQT is funding, services had limited capacity to implement the program due to staffing and costs of the program.

There was no physical demonstration of the recipe passed on to other family members or friends. The concept of passing on the recipe at home was not fully explained, encouraged or implemented, there was minimal physical pass on of recipes but some participants verbally passed on the recipes but this has not been captured in the evaluation processes.

## **Recommendations**

To improve GQT, facilitators have suggested that existing groups be targeted combined with health checks and there is more marketing of the program.

It was also recommended that youth and in particular young mums were engaged in the program and to embed a mentoring system between Elders and young.

From the data collected, many participants have basic cooking skills and currently cook at home but the ideology of Jamie Oliver's manifesto is to target people who cannot cook, hence GQT could target the youth to teach them basic cooking skills, people who cannot cook and want to learn and with the older aged groups the focus could be on improving skill level and adapting recipes to improve their health.

By implementing GQT at community expos, it provides the opportunity to engage and expose people who have never cooked to a cooking session and potentially recruit them to future cooking programs.

It is imperative to have CEO support with written service agreements. Funding opportunities are currently being explored via Foodbank and fruit and vegetable cooperatives to reduce financial costs of the implementation of GQT.

Both facilitators and participants wanted more time for discussion and participants reported that they wanted more program content on how to prepare different recipes and methods. This included 'more recipes on salads', 'how to make meat stretch', 'learn how to make damper and use the BBQ'.

Facilitators wanted more topics on portion control, physical activity, and as one facilitator suggested 'self esteem and confidence issues that trigger poor diets'

Facilitators wanted more support as 'Health workers need to be skilled up to incorporate it into other programs' and set criteria for the recipes.

To encourage the pass on concept, feedback included more advertising, distribute recipes, have a competition, piggy-back existing programs, have free products and a newsletter to discuss what the other communities are doing regarding GQT. It was suggested that this needs to be explained at the beginning of each session.

Based on the results collated, a GQT manual will be developed that will address the issues raised, it will include GQT processes, PASS on concept, and costing of recipes that will enable services to cost the program. More investigation is required to determine what incentives could be used for participants to pass on the recipe. Evaluation

processes will be enhanced to effectively capture the verbal feedback- pre and post session.

As many respondents stated that an increase in skills would make it easier to cook at home, QAIHC were able to provide a short course in kitchen skills in April 2010, 6 participants attended.

Results were also collated regarding 'Ate deep fried fast foods yesterday' 21% of participants (7% did not respond) and 'drank sugary drinks'-36% (6% did not respond). Future nutrition health promotion messages are required to incorporate focusing on increasing water intake to deter people from drinking soft drink and/or sweetened beverages.

## **Conclusion**

The GQT program has been able to engage Aboriginal and Torres Strait Islander people to cook and to be exposed to a variety of cooking methods, recipes and to have fun. Enablers identified for what would make it easier to cook confirm that the basic concept of fast and budget friendly recipes is appropriate. The concept of physically demonstrating the meal at home has not been successful and more research is required to determine what incentives are required for participants to pass on the recipe. A GQT manual will be developed to incorporate the recommendations from staff and participants and support from the CEO is imperative for the successful implementation of the program.

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