AFTER THE INTERVENTION:
A PRELIMINARY EXPLORATION INTO BUILDING CAPACITY FOR PARTICIPANTS OF A
MULTIDISCIPLINARY PEDIATRIC WEIGHT MANAGEMENT PROGRAM THROUGH A COMMUNITY COOKING PROGRAM

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**SHAPEDOWN BC**

- 10-week family-centered weight management program

- 6 – 17 years with a BMI ≥ 97th %ile (or ≥ 85th %ile with comorbidity)

- Developing healthy lifestyle behaviours

- Physician, dietitian, mental health specialist, and exercise specialist

- Meet 2 times per week: education sessions and family fun activity

- Began in 2006, now 6 sites across BC, includes one Punjabi and one Chinese cultural/language adaptation
SHAPEDOWN BC

- Improvements in physical activity, nutrition choices, weight trajectory and psychological outcomes
COOKING SKILLS

- Barrier to long term healthy lifestyle change
**Cooking Skills**

- ↑ vegetable consumption, mental health indicators, family connections

- ↓ ready made meals

- **IKEA effect:** ↑ liking of healthy food, healthy food consumption, interest in trying unfamiliar foods
COMMUNITY PARTNERSHIPS

Shapedown BC has a community partnership with the YMCA of Greater Vancouver to help increase physical activity engagement.
GOALS

- To explore a partnership with Diabetes Canada to support the development of cooking skills for families

- Pilot the 6-week Food Skills for Families (FSFF) Cooking Program with Shapedown BC families

- Gather preliminary qualitative feedback to determine whether this partnership would be useful to explore as a permanent addition to our program
METHODS

- 6 FFSF programs between Jan 2016 – Feb 2017
- 51 participants (1-2 youth with 1 parent)
- 5 – 11 participants per group
- 8 – 15 years

After the 6 week FFSF program, participants and facilitators completed feedback questionnaires
RESULTS – YOUTH “BIGGEST CHANGE”

- **Healthy eating habits:** “eating food that is healthy makes me want more”, “eating more fruit in the morning”

- **Home cooking:** “making dinner”

- **Health Knowledge:** “knowing all these healthy recipes and being aware of this health information”
RESULTS – YOUTH “LIKED THE MOST”

- Healthy recipes: “all the recipes”, “the bar we made today”

- Social connection: “eating with other people”

- Cooking: “being able to mix the ingredients”, “cooking”

- Trying new foods: “making and eating new foods”, “making new foods”
RESULTS – PARENTS “BIGGEST CHANGE”

- **Healthy eating habits:** “less eating out!”, “eating more vegetables and fruit”, “more vegetables at each meal”

- **Home cooking:** “I know how to make healthy food and I can make it at home!”, “It really made me want to cook”

- **Cooking with family:** “I will cook our meals with my son more often”, “making my family help more for dinners”
RESULTS – PARENTS “LIKED THE MOST”

- **Healthy recipes:** “cooking new healthy foods”, “making more meals from scratch”, “the recipes are very good”, “learning how simple it is to cook nutritious meals”

- **Social connection:** “talking to other families”, “sitting down together”, “meeting new families”

- **Cooking with family:** “my son has motivation for cooking by himself, which I never thought”, “preparing food with my daughter”
RESULTS – FACILITATOR FEEDBACK

- **Healthy recipes**: “participants felt the program was very helpful and learned many easy recipes”, “they loved the hands on aspect of the class as well as the variety and simplicity of the recipes”

- **Healthy eating habits**: “families felt the information in the class built on the information they received at Shapedown BC, and helped them put it in to practise”, “eating out less”, “buying herbs and spices used in the class”, “consuming more fruits and vegetables”
RESULTS – FACILITATOR FEEDBACK

- **Family engagement:** “children were showing interest in cooking by themselves”; “Youth gained cooking skills”; “children enjoyed cooking with their parents”; “Occasionally another family member would come to class as a surprise cook because they had heard about how much fun the rest of the family was having”

- **Social connection:** “they all exchanged contact information”, “the social environment and sharing cooking experiences”
RESULTS – SUGGESTIONS FOR IMPROVEMENT

- **Curriculum changes:** Facilitators commented that the FSFF material was somewhat redundant with the Shapedown BC material; participants had already learned some of this information.

- **Location and time:** Participants requested later start times and locations closer to home.

- **Different languages:** Participants and facilitators suggested handbooks in different languages to support individuals who were English Language Learners.
CONCLUSIONS AND FUTURE DIRECTIONS

- Positive feedback from facilitators, parents and youth

- Participants reported continued healthy eating habits and increased their cooking competence

- It would be helpful to adapt the curriculum to the Shapedown BC population

- We will move forward with the Diabetes Canada partnership and design quantitative measures to assess more specific program outcomes
THANK YOU

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Dr. Janice Blocka, Physician
Arlene Cristall, RD/Program Provincial Lead
Jill McDowell, RD/Program Coordinator
Kiran Kalkat, Registered Dietitian
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Hardip Panglee Mangat, Administrative Assistant
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