# An Evaluation of Arkansas' Cooking Matters Program 

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## Outline of the Presentation

Literature Review<br>Methods<br>Results<br>Discussion<br>Limitations<br>Implications<br>Questions

## Literature Review---Definitions

- USDA's definition for food insecurity and hunger.
- The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life.
- Hunger refers to a personal, physical sensation of discomfort.
- Food Insecurity--- a lack of available financial resources for food for one's household.


## Literature Review Share Our Strength Cooking Matters

- The Walmart is the national sponsor of Cooking Matters.
- Developed in 1993, CM is a six-session course designed for low income individuals who are food insecure to provide them with the knowledge and skills to prepare healthy and affordable meals on a budget.
- Since 2012, through six-week CM's courses and grocery store tours, approximately 13,600 Arkansas families have been taught how to stretch their food dollars and prepare healthy meals while maintaining their budget.
- In 2015, CM was endorsed by the Governor's Healthy, Active Arkansas 10Year plan that is aimed to improve the health of all Arkansans.
- $\mathbf{1 0 \%}$ increased their cooking confidence.
- $\mathbf{1 1 \%}$ decreased their perceived cooking barriers.
- Significant improvement in their healthy food preparation scores 3.63 at baseline to $\mathbf{3 . 9 5}$.
- Significantly increased the number of dinners cooked at home. (6\%; from 5.18 to 5.47).
- Less worried that food might run out before they had money to buy more ( 3.01 to 2.65).
- Increased the frequency with which they chose whole grain options by $8 \%$.
- Sustained an increase in green salad and non-fried vegetable consumption (5\% and 6\% over baseline reports, respectively).


## Literature Review---Problem Statement

- In 2014, 567,250 (19.1\%) Arkansans were classified as food insecure (Feeding America, 2016).
- Adults who experience food insecurity are faced with many negative health and wellness outcomes such as:
- overweight/obesity (Adams, Grummer-Strawn, Chavez, 2003)
- reduction in nutritious meals (Rose, 1999)
- fair or poor health (Stuff et al. 2004)
- lower quality of life (Vailas, Nitzke, Becker, Gast, 1998)


## Literature Review

## Nutrition Knowledge

- Currently access to accurate nutrition literacy is limited for low-income families (Cornish and Moraes, 2015).


## Self-Efficacy

- An increase of nutrition knowledge leads to improved attitude and self-efficacy in consuming a healthy diet.
"When you know better, you do better"-Maya Angelou


## Dietary Behavior

- Further, evidence shows that as socioeconomic status decreases and poverty increases, availability to supermarkets decreases, and availability to corner stores increases (Bower, 2014).


## Methodology

- Sample
- 536 Adult Arkansans
- Design
- Convenience Sampling Approach
- Pre-Post Test Quantitative Survey Design
- Instrumentation
- Cooking Matters for Adult Surveys 2014-2017
- Administered to at least 146 sites throughout Arkansas between 2014-2017


## Methodology---Operationalization of Variables

Items

1. Example: How often do you compare prices before you buy food?
2. Example: How often do you use the "nutrition facts" on food labels?
3. Example: How often do you plan meals ahead of time?
4. Example: How often do you use a grocery list when you go grocery shopping?
5. Example: How often do you eat breakfast within two hours of waking up?
6. Example: How often do you eat food from each food group every day? (Food groups include dairy, grains, fruits, vegetables, and protein.)
7. Example: How often do you make homemade meals "from scratch" using mainly basic whole ingredients like vegetables, raw meats, rice, etc.?
8. Example: How often do you worry that your food might run out before you get money to buy more?
9. Example: How often do you adjust meals to include specific ingredients that are more
"budget-friendly," like on sale or in your refrigerator or pantry?
10. Example: How often do you adjust meals to be more healthy, like adding vegetables to a recipe, using whole grain ingredients, or baking instead of frying?
11. Example: How confident are you that you can use the same healthy ingredient in more than one meal?
12. Example: How confident are you that you can cook healthy foods for your family on a budget?

## Self-Efficacy (6 items)

3. Example: How confident are you that you can help your family eat more healthy?
4. Example: How confident are you that you can choose the best-priced form of fruits and vegetables (fresh, frozen or canned)?
5. Example: How confident are you that you can use basic cooking skills, like cutting fruits and vegetables, measuring out ingredients, or following a recipe?
6. Example: How confident are you that you can buy healthy foods for your family on a budget?

Response Options

## Methodology---Operationalization of Variables

| Scales | Items | Response Options |
| :---: | :---: | :---: |
| Sugar Sweetened Beverages (2 items) | 1. Example: How often do you typically drink $\mathbf{1 0 0 \%}$ fruit juices like orange juice, apple juice or grape juice? (Do not count punch, Kool-aid, sports drinks or other fruit-flavored drinks.) <br> 2. Example: How often do you typically drink a can, bottle, or glass of regular soda or pop, sports drink, or energy drink? (Do not count diet or zero calorie drinks.) | Not at all <br> Once a week or less <br> More than once a week <br> Once a day <br> More than once a day |
| Water <br> (1 item) | 1. Example: How often do you typically drink a bottle or glass of water? (Count tap, bottled and sparkling water.) | Not at all <br> Once a week or less <br> More than once a week <br> Once a day <br> More than once a day |
| Fruit and Vegetable (3 items) | 1. Example: How often do you typically eat fruit like apples, bananas, melon, or other fruit? <br> 2. Example: How often do you typically eat green salad? <br> 3. Example: How often do you typically eat other non-fried vegetables like carrots, broccoli, green beans, or other vegetables? | Not at all Once a week or less <br> More than once a week <br> Once a day <br> More than once a day |
| Processed and Fast Food (2 items) | 1. Example: How often do you typically eat french fries or other fried potatoes, like home fries, hash browns, or tater tots? <br> 2. Example: How many times a week do you typically eat a meal from a fastfood or sit-down restaurant? (Consider breakfast, lunch and dinner.) | Not at all Once a week or less More than once a week Once a day More than once a day |

## Methodology---Research Questions

RQ1: Is there a significant difference in pre and post measures of fruit and vegetable consumption?
RQ2: Is there a significant difference in pre and post measures of fast food consumption?
RQ3: Is there a significant difference in pre and post measures of sugar beverage consumption?
RQ4: Is there a significant difference in pre and post measures of water consumption?
RQ5: Is there a significant difference in pre and post measures of nutrition knowledge?
RQ6: Is there a significant difference in pre and post measures of food insecurity?
RQ7: Is there a significant difference in pre and post measures of self-efficacy?

## Results---Demographics

|  | $n$ | $\%$ |
| :--- | :---: | :---: |
| Gender |  |  |
| Male | 110 | $20.5 \%$ |
| Female | 426 | $79.5 \%$ |
| Age |  |  |
| Under 18 | 18 | $3.4 \%$ |
| $18-29$ | 97 | $18.1 \%$ |
| $30-39$ | 93 | $17.4 \%$ |
| $40-49$ | 83 | $15.5 \%$ |
| $50-59$ | 81 | $15.1 \%$ |
| 60 and Over | 164 | $30.6 \%$ |

## Results---Demographics cont.

|  | n | $\%$ |
| :--- | :---: | :---: |
| Ethnicity |  |  |
| White | 275 | $51.3 \%$ |
| Black | 211 | $39.4 \%$ |
| Other | 30 | 5.6 |
| Asian | 5 | $.9 \%$ |
| Pacific Islander | 2 | $.4 \%$ |
| American Indian | 6 | $1.1 \%$ |
| Educational Level | 58 |  |
| Less than high school degree | 159 | $10.8 \%$ |
| High school or GED | 142 | $29.7 \%$ |
| Some college | 50 | $26.5 \%$ |
| Two-year college degree | 127 | $9.3 \%$ |
| Four-year college degree |  | $23.7 \%$ |

## Results---Demographics cont.

|  | $n$ | $\%$ |
| :--- | :---: | :---: |
| Participation in Assistance Programs |  |  |
| WIC | 48 | $18.7 \%$ |
| SNAP | 148 | $57.6 \%$ |
| Free or reduced-price school breakfast | 70 | $27.2 \%$ |
| Free or reduced-price school lunch | 83 | $32.3 \%$ |
| Free or reduced-price school supper | 11 | $4.3 \%$ |
| Free summer meals | 15 | $5.8 \%$ |
| Head Start | 17 | $6.6 \%$ |
| Food Pantry | 86 | $33.5 \%$ |

## Results - Overall

| Consumption | Pretest <br> Scores |  | Posttest <br> Scores |  | Wilks' Lambda | F (1, 536) | Eta Squared |
| :--- | :---: | :---: | :---: | :---: | :---: | :--- | :--- |
|  | M | SD | M | SD |  |  |  |
| Fruits and Vegetables | 2.21 | 1.08 | 2.41 | 1.01 | .958 | $23.20^{* * *}$ | .042 |
| Fast Food | 1.40 | .66 | 1.30 | .68 | .980 | $10.95^{* *}$ | .020 |
| Sugar Beverage | 1.55 | .92 | 1.44 | .88 | .981 | $10.457^{* *}$ | .019 |
| Water | 3.28 | 1.07 | 3.40 | .99 | .987 | $7.26^{* * *}$ | .013 |
| Nutrition Knowledge | 2.38 | .81 | 2.70 | .74 | .810 | $125.831^{* * *}$ | $.190=19 \%$ |
| Food Insecurity | 2.13 | .87 | 2.32 | .75 | .942 | $32.92^{* * *}$ | .058 |
| Self-efficacy | 2.95 | .92 | 3.44 | .71 | .774 | $156.413^{* * *}$ | $.226=22.6 \%$ |

Note: * - denote significant at .05, ** - significant at .01, *** - significant at . 001

## Results - Gender

| Consumption | Male <br> Pretest <br> Scores | Female <br> Pretest <br> Scores | Male <br> Posttest <br> Scores | Female <br> Posttest <br> Scores | Wilks' <br> Lambda | $\mathrm{F}(\mathbf{1 , 5 3 6 )}$ |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | M | SD | M | SD | M | SD | M | SD |  |
| Fruits and <br> Vegetables | 1.89 | .81 | 1.98 | .76 | 2.07 | .73 | 2.16 | .77 | 1.00 |
| Fast Food | 1.54 | .67 | 1.36 | .65 | 1.47 | .73 | 1.25 | .66 | 1.00 |
| Sugar Beverage | 1.80 | .90 | 1.49 | .92 | 1.69 | .82 | 1.38 | .89 | 1.00 |
| Water |  |  |  |  |  |  |  |  |  |

Note: ${ }^{*}$ - denote significant at $.05,{ }^{* *}$ - significant at $.01,{ }^{* * *}$ - significant at .001

| COOKING | Results - Race |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| consumption | White Pretest Scores |  | Black <br> Pretest Scores |  | Other <br> Pretest Scores |  | White Posttest Scores |  | Black Posttest Scores |  | Other Posttest Scores |  | Wilks' Lambda | F (1, 536) |
|  | M | SD | M | SD | M | SD | M | SD | M | SD | M | SD |  |  |
| Fruits and Vegetables | 2.02 | . 79 | 1.85 | . 70 | 2.19 | . 95 | 2.16 | . 77 | 2.05 | . 69 | 2.43 | . 89 | . 998 | . 652 |
| Fast Food | 1.35 | . 63 | 1.51 | . 70 | 1.19 | . 62 | 1.25 | . 63 | 1.39 | . 72 | 1.22 | . 73 | . 997 | . 915 |
| Sugar Beverage | 1.39 | . 93 | 1.77 | . 88 | 1.47 | . 89 | 1.29 | . 93 | 1.64 | . 80 | 1.34 | . 79 | 1.00 | . 037 |
| Water | 3.25 | 1.11 | 3.32 | 1.00 | 3.37 | 1.07 | 3.43 | . 97 | 3.38 | . 990 | 3.35 | 1.02 | . 994 | 1.497 |
| Nutrition Knowledge | 2.43 | . 81 | 2.26 | . 77 | 2.64 | . 89 | 2.73 | . 74 | 2.61 | . 71 | 2.96 | . 79 | . 999 | . 268 |
| Food Insecurity | 2.09 | . 87 | 2.11 | . 87 | 2.36 | . 87 | 2.23 | . 75 | 2.37 | . 75 | 2.59 | . 77 | . 995 | 1.358 |
| Selfefficacy | 2.89 | . 93 | 3.05 | . 87 | 2.85 | 1.07 | 3.42 | . 72 | 3.49 | . 68 | 3.28 | . 84 | . 997 | . 710 |

Note: * - denote significant at .05, ** - significant at .01, *** - significant at . 001

## Discussion

- Arkansas' findings reflect the national impact evaluation.
- Everyone benefited from the intervention regardless of sex and race.
- CM transcends across multiple demographic groups.
- CM had the largest effects on Nutrition Knowledge (.190=19\%) and SelfEfficacy (.226=22.6\%)


## Limitations

- Secondary Data.
- There are no three- and six-month follow up data to measure sustainability.
- Groups were not randomly selected.
- Cannot identify CM participants for follow-up interviews and focus groups.


## Implications

- Arkansas has an evidence-based nutrition education program that works! Especially important with the threat of deep cuts to SNAP.
- Interest in further research - through focus groups and one-on-one interviews with participants - need for funding.


