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Title

Dietary, Cooking, and Eating Pattern Outcomes from the Emory Healthy Kitchen Collaborative

Priority 1 (Research Category)

Obesity, exercise and nutrition

Presenters

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Abstract

Context: Teaching kitchens are emerging innovative and engaging models for creating lifestyle behavior change. They are increasingly being utilized in workplace settings.

Objective: The Emory Healthy Kitchen Collaborative (EHKC) year-long worksite wellness teaching kitchen program sought to improve self-reported health behaviors, including food choices, cooking skills, and mindful eating habits.

Study Design and Analysis: This 12-month program included a 10-week didactic and experiential curriculum followed by continued support and access to health coaching. Participant t-tests were used to compare results at different time points.

Setting: Emory worksite wellness program

Population Studied: Forty benefits-eligible Emory employees aged 18-65, were recruited to participate in the EHKC. Preference was given to employees with elevated body mass index, co-morbid conditions, and high lifestyle change motivation levels.

Intervention/Instrument and Outcome Measures: Self-assessment instruments were obtained at baseline, 3-months, 6-months and 12-months. This included the 8-item Starting the Conversation (STC) food frequency instrument, eight questions from a 17-item cooking frequency and confidence questionnaire, and a 28-item mindful eating questionnaire.

Results: Between May 30 - June 30, 2019, 40 benefits-eligible Emory employees were enrolled in the EHKC. Dietary eating patterns improved significantly throughout the duration of the program year, as measured by the STC. The largest improvement in STC occurred from baseline to three months (mean: - 2.18, standard deviation: 2.35, p-value: p=0.002). Although cooking frequency and confidence trended towards improvement, there were no significant changes. The mindfulness eating questionnaire

improved significantly at 3-months (0.27, 0.32, $p < 0.001$), 6-months (0.23, 0.33, $p < 0.001$), and 12 months (0.33, 0.28, $p < 0.001$), as compared to baseline.

Conclusion: The EHKC worksite wellness program provided valuable knowledge and insight into the use of a teaching kitchen as a unique health care delivery model. The program significantly improved participant dietary patterns and mindful eating habits; though did not significantly improve cooking confidence or frequency. Further research is needed to understand long term health consequences and disease risk reduction of the EHKC program.