

## **The Family Cooks Program of the YMCA of Greater Rochester**

The YMCA of Greater Rochester conducted the Family Cooks program in the 2005 program year. This program was administered at 30 YMCA facilities in the Greater Rochester Area and served both adults and children. The following results are from the pre-, and post-program survey administered to a sample of adults and children at 7 of the 30 sites who participated in this program. The adult survey was completed by 55 adults, they nearly evening split among males and females, and this group was 24% white and 76% non-white. All these participants had a high school education or greater, and 48% rated their health as very good or excellent, only 8% rated their health as poor. Most adults come from households with 2 adults (57%), 31% were the only adult in the household and 12% had 3 or more adults in their household. When asked about their health, only 25% had a household member with diabetes, high blood pressure or high cholesterol, and 75% had not been told about the benefits of losing weight by their health care provider. These households often had children in them, 73% had 2 or more children in the home, white 22% had 1 child, and only 5% had no children in the home. The children surveyed in this study were 57% females, 43% males, and their ages ranged mostly 9 to 12 years of age with only 3% of youth being 13 years or older. These children 21% white and 79% non-white, 62% of them rated their health as very good or excellent, and only 9% rated their health as poor. When asked about their weight, 67% described themselves as “About the right weight”, and 24% rated themselves as “slightly underweight or slightly overweight”.

This next section will report a summary of pertinent responses of the adult survey from the pre-test and the post-test. A total of 55 adult subjects completed all sections of the pre-test while 33 subjects completed the post-test. On questions of family meals, only 25% reported they had family meals together 7 or more times per week prior to Family Cooks, but this increased by 55%, to nearly 40% of adults reporting family meals together 7 or more times per week. The number of times children had eaten out over the past week shifted to this occurring less often as occurred 1-2 times per week in 48% of children but went up to 51 % but only 20% “never” ate out during the week, increased 35%, to 27% of children “never” eating out. Breakfast consumption improved

significantly, 38% of adults never ate breakfast and only 26% ate breakfast daily. The rate of never eating breakfast decreased to 24% and daily breakfast increased to 42%, a 60% increase. Rates of soda consumption also improved, 21% initially reported they had 1 or more sodas per day in the past week but this dropped to 9%. While 15% reported not drinking any soda in the past week initially, this increased to 24% on follow-up survey. Reported weekly fresh fruit consumption showed mild improvements, 85% had fruit less than once per day but this decreased to 79%. Eating fresh fruit 1 to 2 times per day increased from 15% to 21%, and while no subjects reported eating 3 times per day before family cooks, 3% of subjects reported eating fresh fruit 3 or more times per day.

Nutrition education and knowledge on labels was also assessed. There was essentially no change in adults reported behavior of ‘checking nutrition facts’ in the past week, while “checking the ingredients list” increased from 61% to 85%. More importantly, while only 59% of adults reported changing their purchase based on nutrition information, 82% of adult reported changing purchases based on nutrition information they read on labels, a 40% increase.

Household food preparation was asked, this showed while only 16% of subjects often cooked fresh vegetables 10 or more times for children in the past month, this increased to 21%. Serving a salad 10 or more times to children was essentially unchanged. Adults involving children in meal preparation help family improve connectedness, and improve food knowledge and preparation. These areas trended toward improvement, while 28% never allowed children to help choose the meal, this decreased to 12%, and while no children had helped choosing the meal every day in the past week from pre-test respondents, 3% now had children helping choose the family meal daily. Adults had children helping cook the meal more often in the past week, only 12% had children helping 3-6 days per week while 21% helping this often after Family Cooks. While no children helped every day before this program, 3% were helping prepare a family meal daily.

The adults who participated in this program reported overall health status improving, 42% felt they were in very good health prior to the program but 48% felt they were in very good health after. Only 6% of subjects rated their health as excellent prior to

Family Cooks but 24% reported their health as excellent after completion of this program.

A similar survey instrument was delivered to children in who participated in the Family Cooks program with a parent or guardian and these children were mostly 9 to 12 years of age. This survey was administered from 7 different YMCA sites. About 70 children completed the Pre-survey and nearly 50 completed the post-survey. At follow-up testing, 22% were in 4<sup>th</sup> grade, 30% in 5<sup>th</sup>, 25% in 6<sup>th</sup> grade and 22% in other grades. This sample was 57% females and 79% described themselves as non-white. As for general health, 33 % reported they were in very good health and 27% reported they were in excellent health. When asked to describe their weight, 57% said they were about the right weight, and 27% were slightly underweight or overweight. Both surveys contained similar but age appropriate questions about health habits, eating behaviors, food/nutrition knowledge and family meal planning.

Some of the children's knowledge and behaviors are reported here. Milk consumption improved, there was a decrease in the children how reported no milk in the past day from 24% to 20 %. Those who reported 3 to 4 milk servings yesterday doubled from 7 to 14% and 5 or more milk serving increased from 5 to 14%. Questions on number of times kids drank Soda in the past week, showed that kids drinking it 1-3 times/week decreased from 32% to 28% but kid who reported 4 – 7 times/week, increased from 34 to 48%. Breakfast consumption also improved, while only 30% of kids in the pre-test survey were reporting having breakfast daily, which increased to 52% at follow-up. Snacking behavior did not do as well. Number of times children had a sweet snacks in the previous day was mixed, having 2 or more sweet snacks when from 9% to 34%, those having 1-2 sweet snacks went from 63% to 42%. As for salty snacks 2 or more times in the previous day, this went from 11 to 22%, and having 1-2 salty snacks yesterday also increased from 39% to 48%.

Children did appear to be more involved with meals. When asked if they helped choose the meal in the past week, 70% said they had not or only helped once but at follow-up this went down to 60%. Kids who helped choose the meal 5 – 7 days out of the week increased from 18 to 24%. Similar patterns were found with helping cook in the past 7 days, 74% reported only helping 0-2 days but decreased to 70%. Helping 3-4

times/week increased from 7% to 10%. Those that helped 5- 7 days/week increased from 19% to 20 %. Nutrition knowledge was also assessed. When asking about looking at nutrition facts or ingredients in the past 7 days, only 48% of kids said “Yes, sometimes” but this increase to 58% on follow-up. The question “How many servings of fruits and vegetables recommended everyday” was asked and only 29% reported 5 or more, this decreased to 16% on post testing. When asked about exercise in the past 7 days, a number of positive trends were observed. Kids only exercise 1-2 days decreased from 34% to 18%. Kids who exercised 3-4 times/ week increased from 27 to 35%, and kids who exercised 5 or more times/week also increased from 34 to 43%.

This pre/post survey provides a number of insights from the subjects who completed this instrument. Some limitations to note are the following, recall bias could present differences in rates because subjects remembered behavior better at post testing because they had seen the question before and became more aware of their behavior. Survey bias of trying to complete the most socially desirable answer can come into play as well. A re-assuring finding is that the demographic characteristics of the subject at the pre and post test did not differ much at all. Subjects who participated in this survey were the only ones administered this survey, thus providing more assurance that these were mostly the same people sampled from the group as a whole. The effects on parent domains seem much stronger and mostly positive in comparison to the responses to the children. This demonstrates some positive effects for the areas of food knowledge, food preparation, family involvement, exercise and health. The questions about speaking to a health care provider about healthy weight and knowing family history of diabetes, hypertension or high cholesterol may have an effect outside this program. This empowers a parent or family with knowledge of their health behaviors and it may also prompt them to see their physician. They can seek further advice on their health and lifestyle changes to improve on. This opportunity will also provide them with the chance to be screened for other health conditions and be provided with needed and recommended preventive services. Some children may have been younger than desired to complete the surveys with out assistance, and if they asked for help, that could also introduce a bias. The children didn't seem to exhibit as much a direct effect on their behaviors and showed some reversal of trends. These findings may be, in part, due to recall bias on some

behaviors that they were able to remember more easily at the post testing. Such programs in children seem to have the best effect when they try to engage children in the domains of making things fun, making them a challenge, engaging them with peers, and looking to social desirability of parents or peers. This survey instrument did reveal a number of significant and positive findings in the adults and some positive findings in the children. Since adults model so many healthy and unhealthy behaviors to children, and children are likely to adopt behaviors repeatedly exhibited by adults, the impact and measures may be too near to the event to see more meaningful change in the children. The need to sustain these behaviors and provide a social environment for families to sustain them, make this program a necessary agent to help families with change. This was an overall rewarding process for the families, it appeared fun and engaging, while providing health and nutrition knowledge some of these families may not have access to.

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