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Perspectives on learning to cook and public support for cooking education policies in the United States: A mixed methods study

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ABSTRACT

Declines in cooking skills in the United States may contribute to poor diet quality and high obesity rates. Little is known about how Americans learn to cook or their support for cooking education policies. The objective of this study was to examine how Americans learn to cook, attributions of responsibility for teaching children how to cook, and public support for policies to teach cooking skills. We used a concurrent, triangulation mixed-methods design that combined qualitative focus group data (from 7 focus groups in Baltimore, MD (N = 53)) with quantitative survey data from a nationally representative, web-based survey (N = 1112). We analyzed focus group data (using grounded theory) and survey data (using multivariable logistic regression). We find that relatively few Americans learn to cook from formal instruction in school or community cooking classes; rather, they primarily learn from their parents and/or by teaching themselves using cookbooks, recipe websites or by watching cooking shows on television. While almost all Americans hold parents and other family members responsible for teaching children how to cook, a broad majority of the public supports requiring cooking skills to be taught in schools either through existing health education (64%) or through dedicated home economics courses (67%). Slightly less than half of all Americans (45%) support increasing funding for cooking instruction for participants in the Supplemental Nutrition Assistance Program (SNAP). Broad public support for teaching cooking skills in schools suggests that schools are one promising avenue for policy action. However, school-based strategies should be complemented with alternatives that facilitate self-learning. More research is needed to identify effective means of teaching and disseminating the key cooking skills and knowledge that support healthy eating.

1. Introduction

In the United States (U.S.), poor diet quality (Krebs-Smith, Guenther, Subar, Kirkpatrick, & Dodd, 2010; Wang et al., 2014), and the associated high rates of obesity and diet-related diseases (Ogden, Carroll, Kit, & Flegal, 2014; Olshansky et al., 2005), particularly among populations with low socio-economic status (SES) (Hiza, Casavale, Guenther, & Davis, 2013; Obesity, 2009), have prompted increasing attention to the need to improve cooking skills among the general public (Cunningham-Sabo & Simons, 2012; Lichtenstein & Ludwig, 2010; Nelson, Corbin, & Nickols-Richardson, 2013). An emerging literature supports the importance of cooking for good health. Frequent cooking at home is associated with consumption of a healthier diet (Wolfson & Bleich, 2015a, 2015b), particularly among households with high socio-economic status (SES) (Wolfson & Bleich, 2015a, 2015b), and cooking at home is increasingly promoted as an obesity prevention measure (Condrasky & Hegler, 2010; Everything your family needs to start cooking healthy meals at home, 2014). However, Americans consume more food away from home, consume more convenience foods (which are typically both energy dense and of lower

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nutritional value) (Harris & Shiptsova, 2007; McGuire, Mancino, & Lin, 2010) and spend less time cooking now than in the past (Smith, Ng, & Popkin, 2013; Zick & Stevens, 2010). Evidence suggests that these trends may have contributed to reduced prevalence and use of cooking knowledge and skills in the general population (Hartmann, Dohle, & Siegrist, 2013; Soliah, Walter, & Jones, 2012; van der Horst, Brunner, & Siegrist, 2011), which may decrease the inter-generational transfer of cooking skills from parents to their children (Caraher, Dixon, Lang, & Carr-Hill, 1999; Lang & Caraher, 2001). Despite the importance of cooking for a healthy diet, little is known about where or how Americans learn to cook or about public support for school- or community-based policies and programs to develop cooking skills.

Several policies or programs include a focus on cooking education. For example, since 1969, the Expanded Food and Nutrition Education Program (EFNEP) has provided low-income families with nutrition education, using peer educators from the community, aimed at addressing food insecurity, hunger, and, more recently, obesity (Expanded Food and Nutrition Education Program (EFNEP), 2015). In recent years, EFNEP has increasingly focused on building cooking knowledge and skills (e.g., through cooking demonstrations and taste testing). EFNEP receives an annual allocation of $68 million in federal funding (in some cases supplemented by additional state and local funds) (Expanded Food and Nutriti, 2015). Another example is the relatively new education program associated with the Supplemental Nutrition Assistance Program called SNAP-Ed. This program began in 1992 with approximately $660,000 in funding and has grown each year since (State SNAP-Ed Allocations, 2016). SNAP-Ed received $408 million in federal funding in 2016 (State SNAP-Ed Allocations, 2016), and also focuses, in part, on encouraging home cooking and building cooking skills among participating families (Supplemetal Nutrition Assistance Program Education Guidance, 2014; What's Cooking? USDA Mixing Bowl, 2014). In public schools, compulsory culinary education or home economics, has been widely eliminated. However, cooking knowledge and skills are sometimes included in nutrition curricula (Cunningham-Sabo & Simons, 2012). In some localities, non-profit or community organizations offer school-based cooking education programs as well (Cunningham-Sabo & Lohse, 2014; Liquori & Koch, 1998). Most recently, the Scientific Report of the 2015 U.S. Dietary Guidelines Committee recently recommended that age appropriate nutrition and food preparation education be mandatory in primary and secondary schools (Scientific Report of the, 2015).

Systematic evaluations of school- and community-based cooking education interventions are beginning to emerge. Among children, cooking programs appear to positively influence children's food-related preferences, attitudes, and behaviors (Hersch, Perdue, Ambroz, & Boucher, 2014). Among adults, programs which aim to increase cooking at home appear to improve dietary intake, knowledge/skills, cooking attitudes and self-efficacy/confidence, and health outcomes; although more research, including more rigorous evaluations of cooking programs, is needed (Rees, Dickson, O'Mara-Eves, & Thomas, 2012; Reicks, Trofholz, Stang, & Laska, 2014).

To craft effective cooking education programs, it is important to understand where Americans typically obtain their cooking knowledge and skills. Limited evidence from the U.K. suggests that people, particularly women, often learn to cook from their mothers rather than in schools or other places of formal instruction (Caraher & Lang, 1999; Lang & Caraher, 2001). This work further suggests that cooking classes play a more important role in knowledge acquisition among individuals with low SES while self-teaching through cook books is more common among more highly educated individuals (Caraher & Lang, 1999; Caraher et al., 1999). Whether these patterns are consistent with practices in the U.S. or after the proliferation of cooking resources on the Internet and on television is unknown.

A greater understanding of who the public holds responsible for teaching cooking skills and public support for policy approaches to promote cooking education is important for maximizing current and future policies. Public perceptions of who is responsible for causing and/or solving a given problem are related to support for different policy alternatives (Barry, Brescoll, Brownell, & Schlesinger, 2009; Oliver & Lee, 2005; Stone, 1997), which can, in turn, be an important determinant of which policies are passed, funded, and implemented (Kingdon, 1995; Page & Shapiro, 1983). In the case of obesity prevention, school-based policy approaches have high public support (Wolfson, Gollust, Niederdeppe, & Barry, 2015), but cooking education (both in and out of schools) has generally not been the focus of existing nutrition and obesity prevention policies and has, therefore, received limited attention to date. Strong public support for teaching cooking skills could shape public discourse, inform policy makers, and shift the agenda towards a greater focus on cooking skill development, as some have already proposed (Cunningham-Sabo & Simons, 2012; Lichtenstein & Ludwig, 2010).

This study uses a mixed method approach that combines focus groups conducted in one U.S. city with national survey data. We first examine how adults in the U.S. learn to cook, overall and by gender and educational attainment. We next explore public perspectives on who is responsible for teaching children how to cook and public support for policies to teach cooking knowledge and skills. We particularly focus on cooking education polices in public schools and the SNAP program as they are generally well suited to provide this knowledge transfer on a large scale, as well as because improved skills among these groups may help to foster a healthier population over time. To our knowledge, this is the first study in the U.S. to examine these questions using a mixed-methods approach and a nationally representative sample. This approach is advantageous because it allows us to make generalizable estimates using nationally representative survey data while also taking advantage of rich qualitative data that provides context for and deeper understanding of the survey findings.

2. Methods

This study used a concurrent, triangulation mixed methods design (Appendix Fig. 1) (Creswell, Plano Clark, Gutmann, & Hanson, 2003). We collected both qualitative and quantitative data on how people learn to cook and quantitative data on public support for cooking related policies. We collected qualitative data from focus groups locally first and then fielded a nationally representative survey several months later. We analyzed both data sources separately then compared results. We present the quantitative and qualitative results together, using the qualitative results to provide nuance and context for the interpretation of the quantitative data. This study was approved by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board.

2.1. Qualitative data: focus groups

We conducted seven focus groups (N = 53) in two neighborhoods in Baltimore, MD between November 2014 and January 2015. More detailed information on site selection, participant recruitment and selection, and data collection is available elsewhere (Wolfson, Smith, Frattaroli, & Bleich, 2016). Briefly, we recruited participants from one neighborhood with higher median income residents who had convenient access to healthy food and participants from another neighborhood with lower income residents