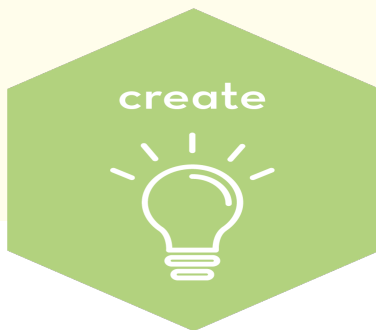# MICHAEL & SUSAN DELL CENTER *for* HEALTHY LIVING

Healthy children in a healthy world.

We advance health and healthy living for children and families through cutting-edge research, innovative community-based programs, and dissemination of evidence-based practices.

STRATEGIC PLAN GOALS

create

connect

communicate

Funding for this webinar series provided by:

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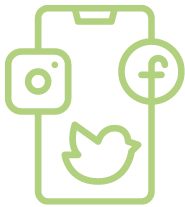
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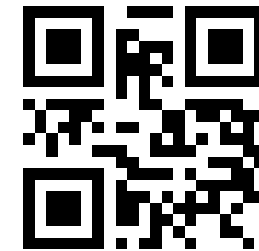
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Texas Research-to-Policy
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Diabetes Awareness Month

National Diabetes Month 2023, which takes place annually in November, focuses on taking action to prevent diabetes health problems.

Scan the QR code to learn more from the American Diabetes Association, an organization that is researching a cure for diabetes.

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Integration of Cooking Skills into Nutrition Education to Prevent and Manage Type 2 Diabetes

Natalia I. Heredia, PhD, MPH

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Center for Health Promotion
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PRC
PREVENTION
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nourishing the community
nourish
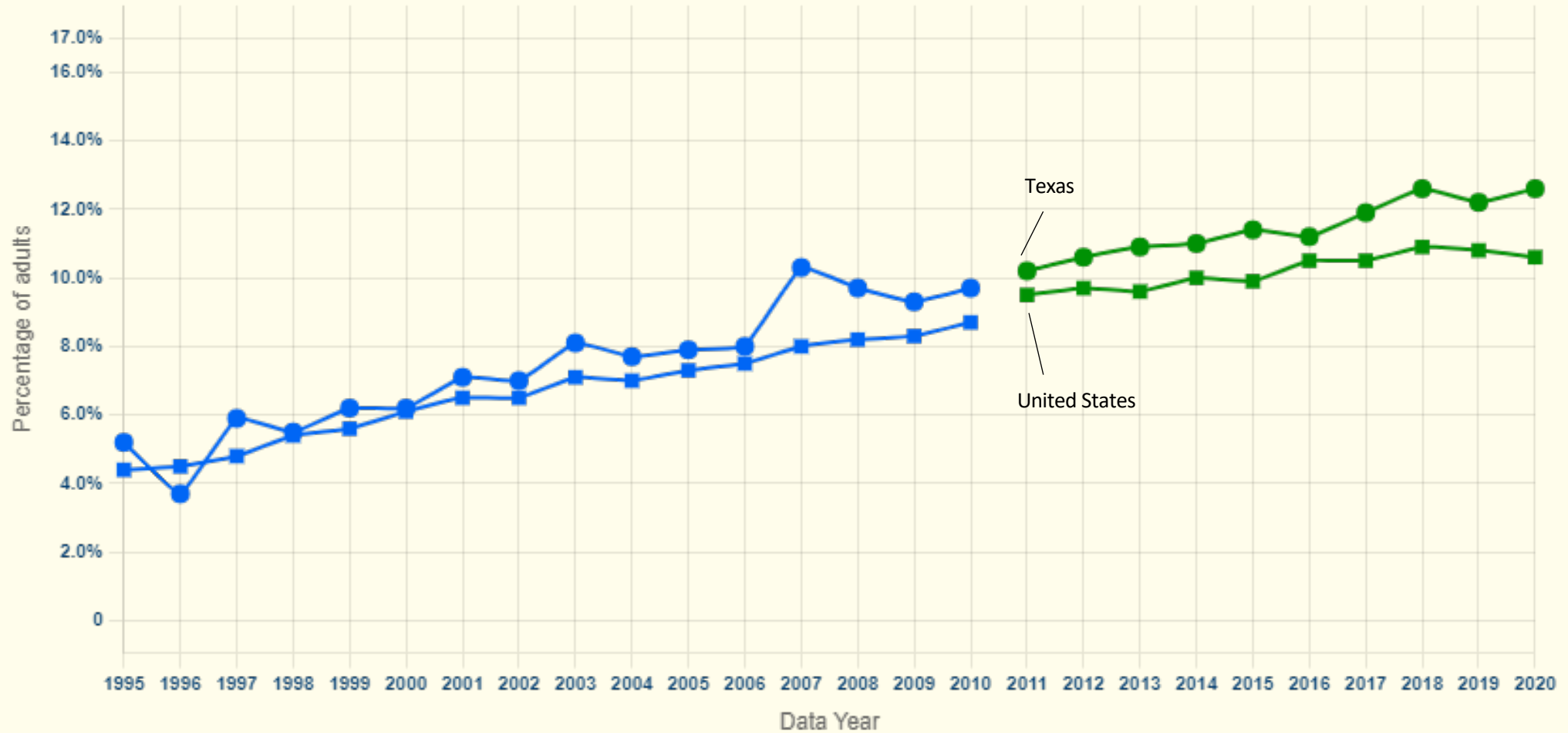through culinary medicine

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Age-adjusted, county-level prevalence of diagnosed diabetes among adults aged 20 years or older, United States, 2004, 2012, and 2019

2004 **2012** **2019**

| % | 3.3 – 6.5 | 6.6 – 7.3 | 7.4 – 8.4 | 8.5 – 10.0 | 10.1 – 19.5 | No Data |
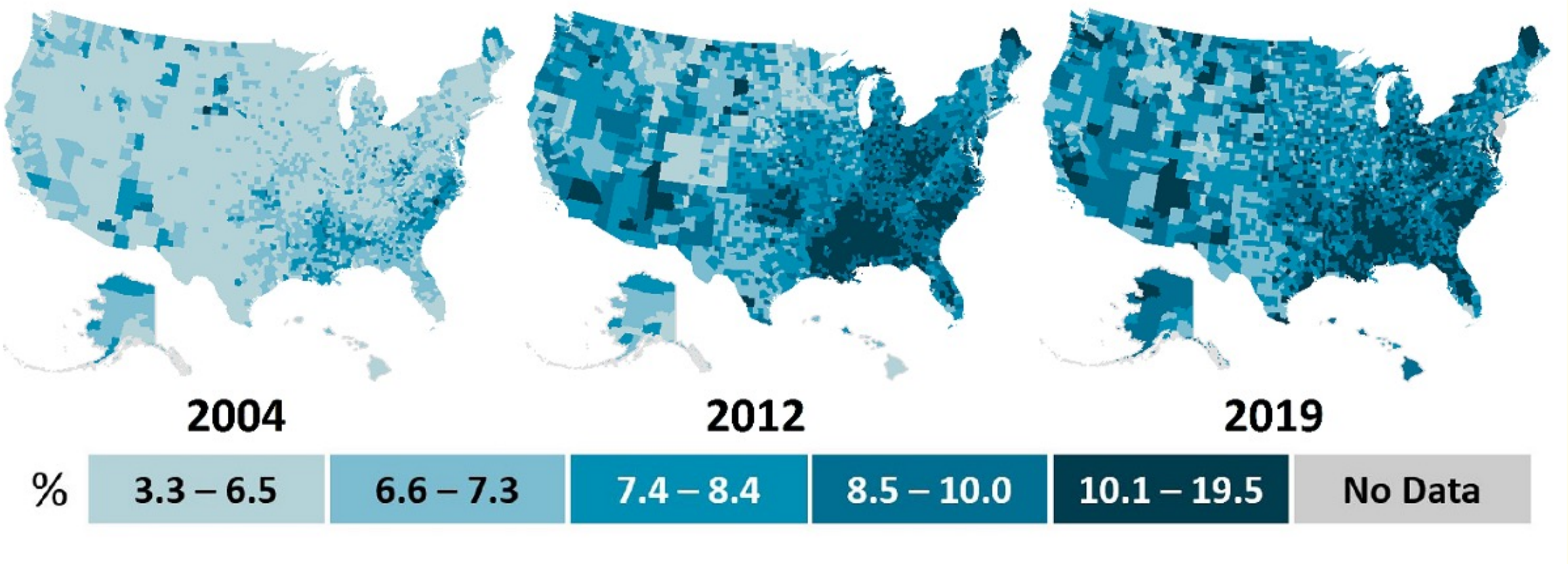
Data sources: US Diabetes Surveillance System; Behavioral Risk Factor Surveillance System.

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Diabetes Trend in Texas vs. U.S.

Source: America's Health Rankings https://www.americashealthrankings.org/explore/annual/measure/Diabetes/state/TX

Prevalence of Diabetes by Race/Ethnicity in Texas vs. U.S.

CDC, Behavioral Risk Factor Surveillance System, 2021

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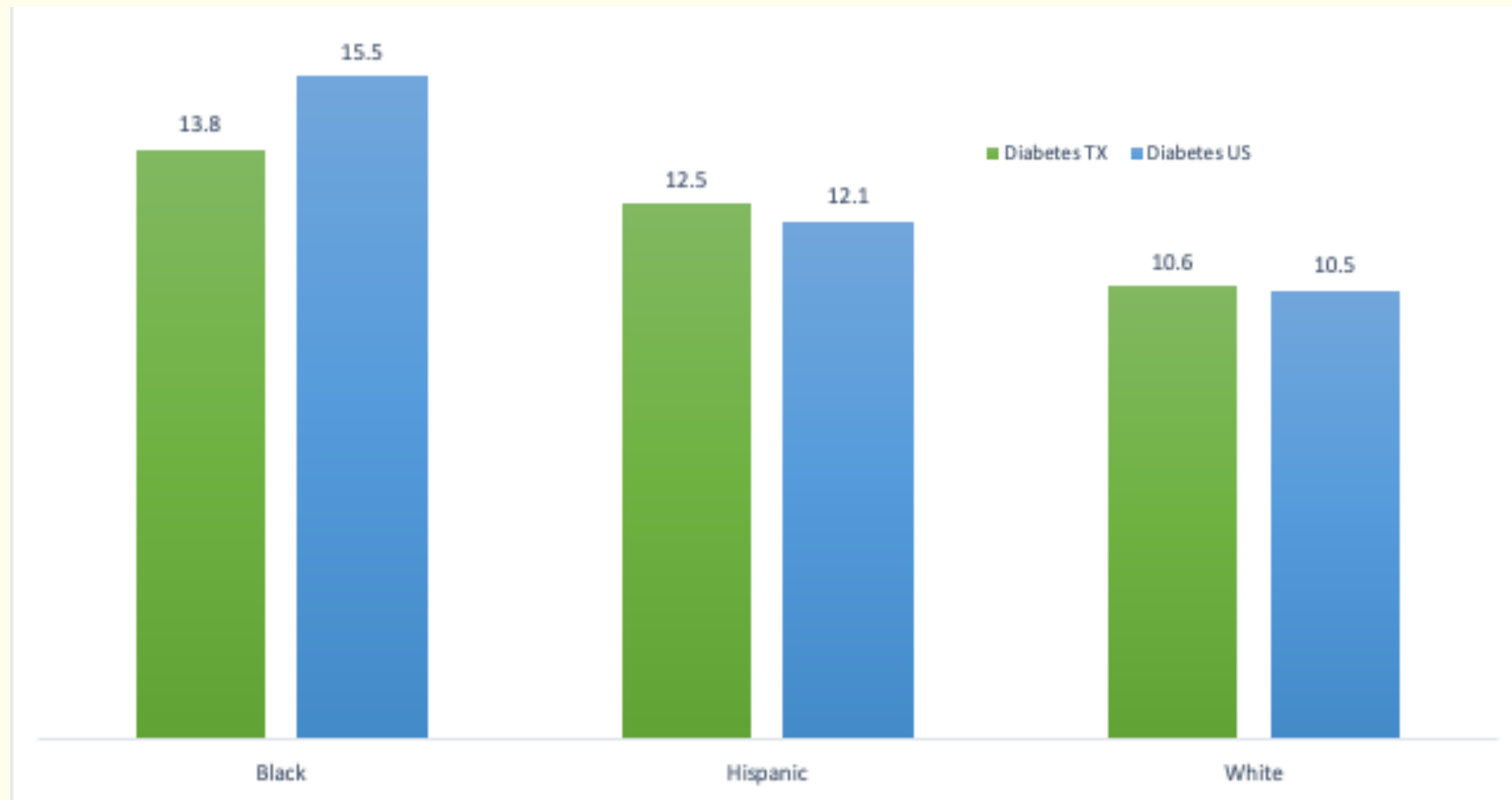
Diet….

…plays a significant role in diabetes prevention and management

Relevance of Culinary Medicine

- Culinary Medicine is an innovative educational and nutritional approach that combines cooking instruction with the science of medicine

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Acknowledgements

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NATIONAL DIABETES PREVENTION PROGRAM (DPP)

Health outcomes are dependent on DPP attendance & program adherence.

- Low attendance & adherence

- Reduced overall efficacy

Affordability of healthier food options

Participants' lack of perceived ability to prepare recipes that are part of their cultural identity

Racial and ethnic minority groups: traditionally prepare foods differently than those suggested in standard American recipes

Ely EK, Gruss SM, Luman ET, et al. A national effort to prevent type 2 diabetes: participant-level evaluation of CDC's National Diabetes Prevention Program. Diabetes Care. 2017;40(10):1331-1341. doi:10.2337/dc16-2099
Breland JY, Mcandrew LM, Gross RL, Leventhal H, Horowitz CR. Challenges to healthy eating for people with diabetes in a low-income, minority neighborhood. Diabetes Care. 2013;36(10):2895-2901. doi:10.2337/dc12-1632
Banasiak K, Cleary D, Bajurny V, et al. Language natters – a diabetes Canada consensus statement. Can J Diabetes. 2020;44(5):370-373. doi:10.1016/j.jcjd.2020.05.008

Preventive care for primary care patients with prediabetes

ENVIRONMENTAL BARRIERS
Access to food

PERSONAL BARRIERS
Difficulties preparing healthier versions of culturally appropriate meals
Lack of cooking skills & motivation

Improve attendance and adherence to the National DPP

SCAN

Multi- component strategy to increase the adoption of the NDPP

COOKING LESSONS

Four 1-hour classes delivered by cooking coaches.

- Knowledge
- Culinary skills
- Social support

MOTIVATIONAL INTERVIEWING

- Elicit behavior change & meaningful conversations.

FOOD RX PRESCRIPTION

- Partnered with the food bank
- Maintain a healthy diet by accessing healthy foods

INCENTIVES

- Cooking ingredients
- Cooking tools

Fernandez ME, ten Hoor GA, van Lieshout S, et al. Implementation mapping: using intervention mapping to develop implementation strategies. Front Public Health. 2019;7:158. doi:10.3389/fpubh.2019.00158; Bandura A. Human Agency in Social Cognitive Theory. Am Psychol. 1989;44(9):1175-1184. doi:10.1037/0003-066X.44.9.1175; Bianchini D, De Antonellis V, De Franceschi N, Melchiori M. PREFer: A prescription-based food recommender system. Comput Stand Interfaces. 2017;54:64-75. doi:10.1016/j.csi.2016.10.010; Resnicow K, Baranowski T, Ahluwalia JS, Braithwaite RL. Cultural sensitivity in public health: defined and demystified. Ethn Dis. 1999;9(1):10-21; Deci EL, Ryan RM. Intrinsic Motivation and Self-Determination in Human Behavior. First ed. Springer New York, NY;1985. Accessed January 23, 2023. doi: https://doi.org/10.1007/978-1-4899-2271-7; Miller WR. Motivational interviewing with problem drinkers. Behav Cogn Psychother. 1983;11(2):147-172. doi:10.1017/S0141347300006583

TRAINING AND PROGRAM DELIVERY

HANDS-ON CULINARY TECHNIQUES

CULTURAL ADAPTATIONS

MOTIVATIONAL INTERVIEWING

Diabetes Prevention Program Research Group. 10-year cost-effectiveness of lifestyle Intervention or metformin for diabetes prevention: an intent-to-treat analysis of the DPP/DPPOS. Diabetes Care. 2012;35(4):723-730. doi:10.2337/dc11-1468
Sharma SV, McWhorter JW, Chow J, et al. Impact of a virtual culinary medicine curriculum on biometric outcomes, dietary habits, and related psychosocial factors among patients with diabetes participating in a food prescription program. Nutrients. 2021;13(12):4492. doi:10.3390/nu13124492

SCAN | CULINARY CLASSES

SESSION 1: KNIFE SKILLS

Texas Caviar with dressing

SESSION 3: SAUTÉING

Tajin & Oregano Sautéed Winter Vegetables

SESSION 2: ROASTING

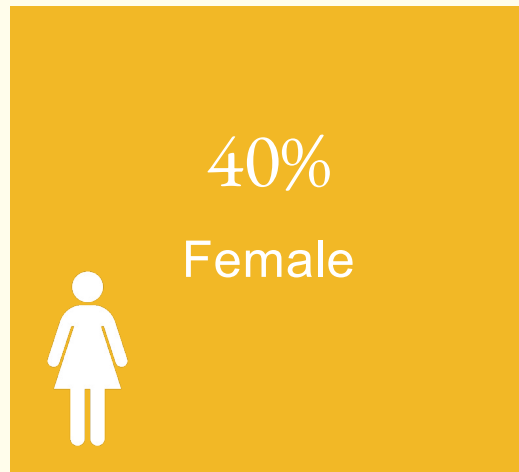Tajin Spiced Roasted Carrots

SESSION 4: MICROWAVING

Garlic & herb butter broccoli

BASELINE CHARACTERISTICS
N=37

Intervention

n=22

40%	47 Y	73.7%	63.6%
Female	Age *mean	Hispanic	Spanish

Control

n=15

60%	50 Y	33.3%	40%
Female	Age *mean	Hispanic	Spanish
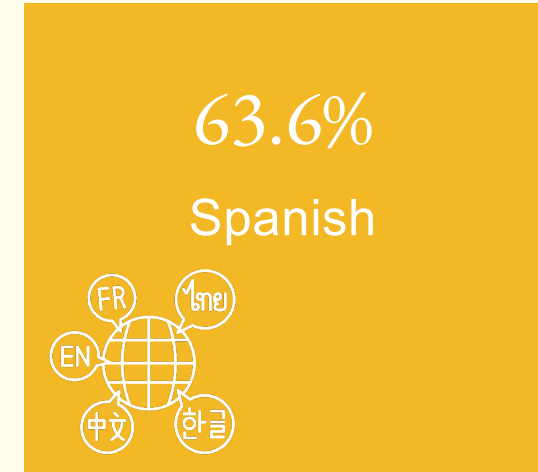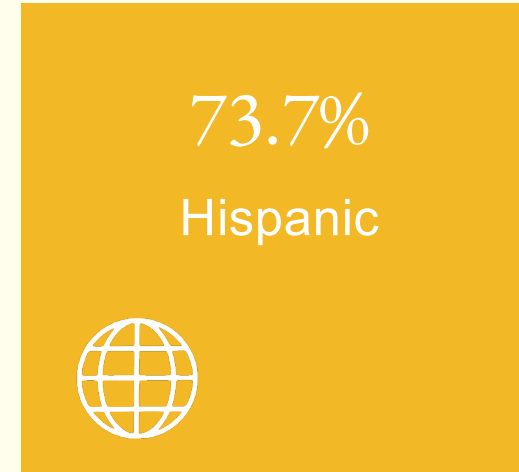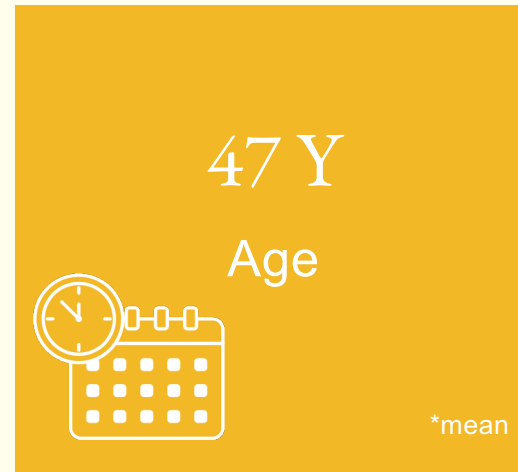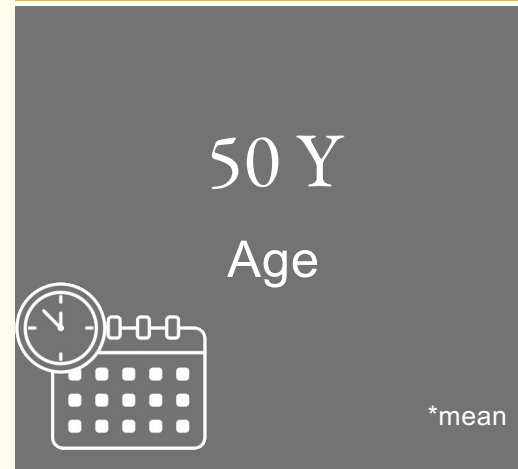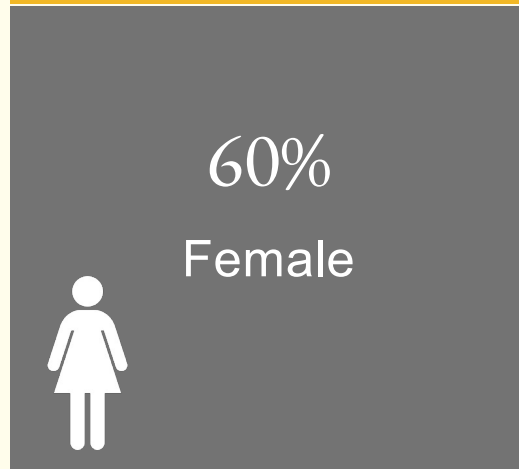
DPP attendance at the 6 months mark

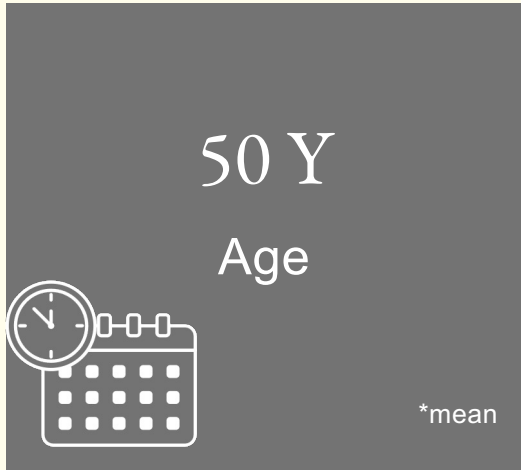|	Control (n=15) N (%)	Intervention (n=22) N (%)	p-value
DPP Classes Attended	6.87 (5.73)	7.14 (4.60)	0.875
SCAN Cooking Classes	N/A	1.68 (1.81)	
[mean(std)]			

Figure 1. Average weight loss among participants in the intervention compared to control group.

Outcomes

DPP CLASSES ATTENDED
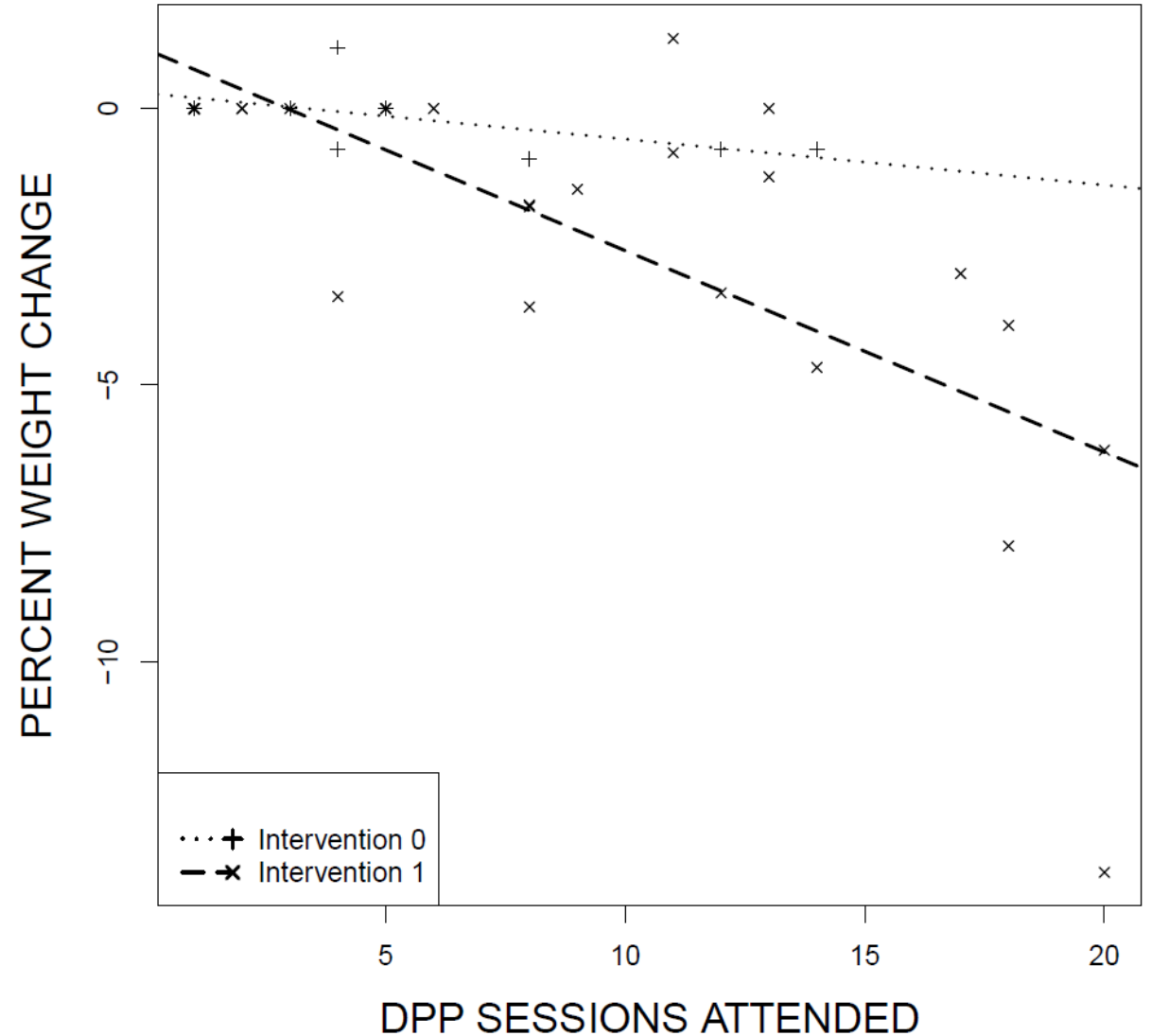
Attended 1 or more SCAN (n=12)

9.67 (7.69)

Attended 0 SCAN session (n=25)

6.88 (5.49)

P= 0.197

Those who attended at least one SCAN session attended more DPP classes than those who attended zero SCAN sessions.

Qualitative Findings

★★★★★

"I love the cooking habit. I realized I was eating a lot of junk food, the type of foods that were not healthy for my life. So, this program opened my eyes and really made me understand what I have to do or how to cook food, what to eat in the morning…I like it. I love it. Yeah. Opened my eyes to a lot of stuff".
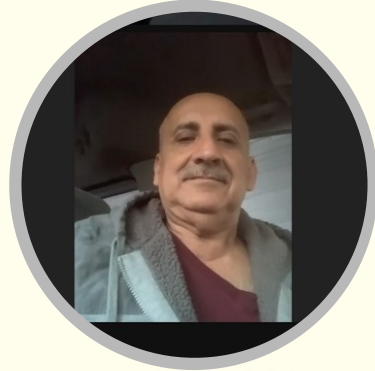
WEIGHT LOSS
FOOD RX

★★★★★

"The cooking and the food. The cooking, the food they give to us , and the classes. So it really aids a lot."
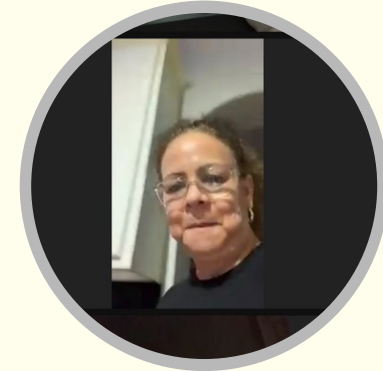
BEHAVIORCHANGE

★★★

"Sometimes my work schedule, but not too much. Sometimes it was a little complicated because I have children, so I could not be there at the time the program started."

BEHAVIORCHANGE

SCAN | CULINARY CLASSES SUMMARY

- SCAN is feasible
- It could possibly help with DPP retention
- May also improve weight loss in DPP

Acknowledgements

- Funding from BCBS (#AGT003390)

- Current and Past NCCM team: Diana Guevara, Sarah Bentley, Lorena Macias-Navarro, Jennifer Torres, David Ai, John Wesley McWhorter, Oroma Chukuigwe, Afreen Pappa, Shreela Sharma, Natalia Williams, Logan Thornton

Study Aim

- Pilot test and evaluate a five-session, bilingual (English and Spanish), and culturally targeted Virtual Culinary Medicine program to promote cooking and healthy eating among patients with type two diabetes (T2DM).

Recruitment

- Participants referred from our partner, Sanitas Medical Center in Houston and Dallas Metro areas

Criteria:

- 18-70 years

- T2D

- HbA1c > 7.0%

- Medically insured by BlueCross BlueShield

Culinary Medicine Intervention

Five 90-minute sessions
- English and Spanish
- Virtual but synchronous
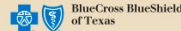- Some participants repeated

Led by a registered dietician
- Cooking using a recipe
- Basic cooking skills and techniques

Virtual Culinary Medicine Toolkit

TABLE of Contents

nourish · UTHealth School of Public Health · BlueCross BlueShield of Texas · MICHAEL & SUSAN DELL CENTER for HEALTHY LIVING

Nourishing the Community Through Culinary Medicine is a pilot study to implement a virtual culinary medicine program to adults with diabetes. The purpose of this study is to see how well virtual hands-on healthy cooking classes work to help patients with diabetes change their eating habits and improve their blood sugars and health. This toolkit is a resource to support the participants in developing healthy cooking skills and improving related eating habits.

TABLA de Contenido

nourish · UTHealth School of Public Health · BlueCross BlueShield of Texas · MICHAEL & SUSAN DELL CENTER for HEALTHY LIVING

El estudio Nutriendo a la comunidad a través de la medicina culinaria es un estudio piloto para implementar un programa virtual de medicina culinaria para adultos con diabetes. El propósito de este estudio es ver qué tan bien funcionan las clases prácticas virtuales de cocina saludable para ayudar a los pacientes con diabetes a cambiar sus hábitos alimenticios y mejorar su azúcar en la sangre y su salud. Este conjunto de herramientas es un recurso para ayudar a los participantes a desarrollar habilidades de cocina saludables y mejorar los hábitos alimenticios relacionados.

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Toolkit is publicly available!

GOAL Setting

Patient Educational Handout

nourish | UTHealth | BlueCross BlueShield of Texas

Bringing all this information together, write one SMART goal to increase your physical activity. A SMART goal for physical activity means:

S — specific physical activity you are completing

M — measurable activity through heart rate, distance, or time to complete the action

A — achievable means understanding where you are starting from and to not take on too much too quickly

R — relevant to your life in terms of your schedule and starting fitness level

**T** — time bound to be completed at specific time

An unrealistic goal could be something like running five miles every day when you are not a regular runner. If we take this idea and make it into a SMART goal, then we would say I am going to start walking around my neighborhood for 15 minutes after work on Tuesdays and Thursdays. This goal includes a specific action that is being done, the days the action should be accomplished, an achievable starting activity, considers working around your schedule, and when the activity will be completed.

Your SMART goal:

_____

_____
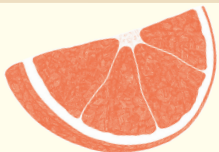
Knife Skills

nourish | UTHealth | BlueCross BlueShield of Texas

Techniques — Proper knife skills will help you break down vegetables to the desired size and daily practice of these techniques will keep you safe.

1. **Make sure knife is sharp**
   Tip: a sharp knife allows you to have more precise cuts

2. **Use a stable cutting board**
   Tip: place a damp paper towel or non-slip mat underneath for stability

3. **Take your thumb and index finger and pinch the bottom of the blade, take the other three fingers and wrap them around the handle.**

4. **Practice the rocking motion**
   Tip: keep the tip of the knife on the cutting board

Helpful Tips

- Make your cuts similar for them to cook evenly.
- When cutting broccoli, hold the head facing down and trim the florets working around the base.
- To shred cabbage, cut it in quarters and slice the cabbage from top straight down through the core.
- To dice a sweet potato, cut it into halves until it is the preferred size to dice.

Knife Cuts

1. Slice — Long, thin slices

2. Dice — Large chunks

3. Small Dice — Small chunks

4. Mince — Very small imperfect cuts

5. Half Moon — Even cuts

58

Watch the all about knife safety video here!
Scan this QR code to watch a video on knife safety

Watch the advanced knife skills video here!
Scan this QR code to watch a video on cutting vegetables

Watch the 5 basic knife skills video here!
Scan this QR code to watch a video on breaking down vegetables

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6

Session Flow

- Welcome

- Knife skills

- Cooking

- Animated videos and discussion

Steps to Mindful Eating

Step 1
Are you hungry?

Step 2
Sit down

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Assessments & Analyses

Assessments

- Self-administered (pre-post) surveys

- Electronic Medical Record data (pre-/post-/6-month follow-up)

- In-depth Interviews

Analyses

- Multi-level mixed effects regression models

- Post-participation interviews (n=28) analyzed using framework analysis

Consort

Baseline

Intervention Delivery

Follow-up

Pre-test (n=104)

Withdrew prior to intervention (n=28)
Lost contact (n=19)
Schedule conflict (n=6)
Other (n=3)

Received Intervention (n=76)
Completed some classes (n=37)
Completed all 5 classes: (n=32)
Completed all + repeated (n=7)

Lost to follow-up (n=15)

Completed post-test (n=61)
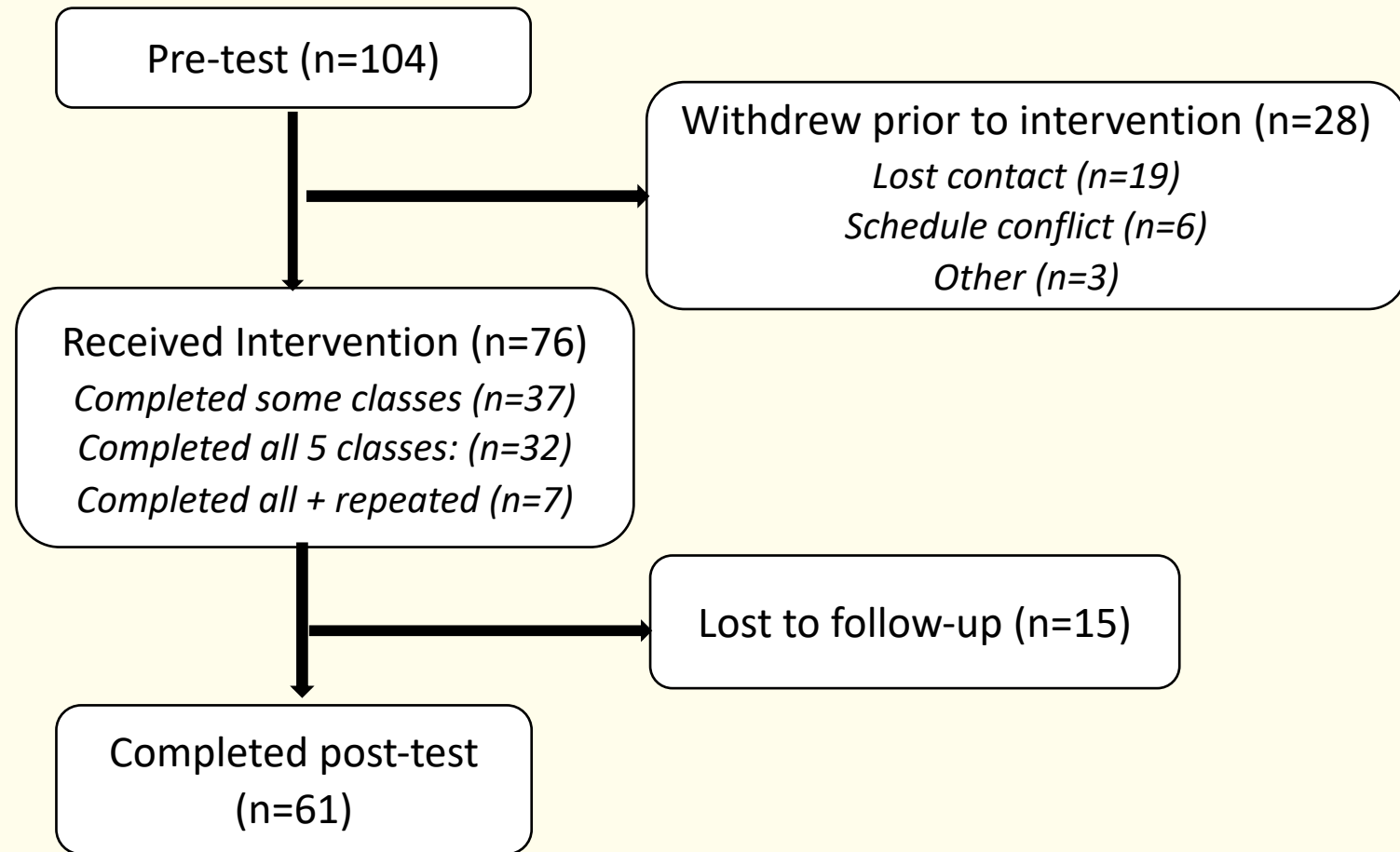
Demographics (n=104)

	mean (±SD) or n (%)
Age	**50.4 (9.8)**
Female	**80 (76.9)**
Race/ethnicity	
Hispanic/Latino	**52 (56.5)**
Black	**26 (28.3)**
White	**14 (15.2)**
Primary language	
English only	**41 (40.6)**
Bilingual	**52 (51.5)**
Other language only	**8 (7.9)**
Education	
College graduate	**20 (19.8)**
Some College	**31 (30.7)**
High School Graduate or less	**50 (49.5)**
Employed	**65 (65.0)**

Quantitative Study Results

Items	Pre-test Mean (SD)	Post-test Mean (SD)	Marginal Effects β (95%CI) (n=61)
Servings of fruits and vegetables[a,c]	3.15 (2.90, 3.41)	3.79 (3.54, 4.04)	0.63 (0.35, 0.91) **p<0.001**
Frequency of healthy food consumption[a,b]	2.93 (2.80, 3.05)	3.24 (3.12, 3.36)	0.31 (0.19, 0.44) **p<0.001**
Barriers to healthy eating[a]	2.73 (2.52, 2.93)	2.12 (1.91, 2.33)	-0.61 (-0.83, -0.38) **p<0.001**
Shopping, cooking, and eating behaviors[a,b,c]	3.21 (3.05, 3.38)	3.65 (3.49, 3.82)	0.44 (0.31, 0.57) **p<0.001**
Diabetes Self-Management	2.86 (2.75, 2.97)	3.10 (3.00, 3.21)	0.24 (0.13, 0.35) **p<0.001**
Cooking Self-efficacy	3.90 (3.72, 4.09)	4.71 (4.53, 4.90)	0.81 (0.59, 1.03) **p<0.001**

Notes: ***p<0.001; Marginal differences calculated by multilevel mixed-effects linear regression. Confounding factors tested included class attendance, age, gender, ethnicity, education, employment, and participation in food assistance program. Adjustments were performed if effect estimations change by ≥10%; a: adjusted for education, b: adjusted for age, c: adjusted for attendance

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Results: Perceived Health

Variable	Pre-test	Post-test	Pre-/post-test comparison
	n(%)		Odd Ratio (95% CI) p-value
	(n=104)	(n=61)	(n=61)
Perceived Health in the past 4 weeks			
Excellent	4 (3.9)	14 (23.7)	12.16[a] (5.08, 29.10) p<0.001
Very good	17 (16.5)	22 (37.3)	
Good	34 (33.0)	18 (30.5)	
Fair	28 (27.2)	5 (8.5)	
Poor or very poor	20 (19.4)	0	
Accurate MyPlate knowledge			
Correct	54 (54.6)	43 (74.1)	2.98[b] (1.11, 8.00) p=0.03
Incorrect	45 (45.4)	15 (25.9)	

[a] Odds ratio is calculated from Multilevel mixed-effects ordered logistic regression.
[b] Odds ratio is calculated from Multilevel mixed-effects logistic regression.

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Results: Other Clinical Outcomes

	n	Pre-test marginal mean (96% CI)	n	Post-test marginal mean (96% CI)	n	6 months Post-NCCM marginal mean (96% CI)	Changes Pre-test to Post-test Marginal differences[1] (95% CI) p-value	Changes Pre-test to 6 months Post-NCCM Marginal differences[1] (95% CI) p-value
HbA1c								
Adjusted model[2]	49	8.89 (8.32, 9.45	29	8.16 (7.51, 8.81)	26	7.55 (6.86, 8.24)	**-0.73 (-1.33, -0.13) p=0.017**	**-1.34 (-1.97, -0.70) p<0.001**
BMI								
Adjusted model[3]	49	36.97 (33.96, 39.98)	36	36.93 (33.85, 40.00	34	36.61 (33.52, 39.71)	**-0.04 (-1.48, 1.39) p=0.952**	**-0.36 (-1.83, 1.12) p=0.636**
Systolic Blood Pressure								
Adjusted model[3]	49	130.73 (126.42, 135.04)	36	128.65 (123.78, 133.52)	34	123.85 (118.77, 128.93)	**-2.08 (-7.57, 3.41) p=0.458**	**-6.88 (-12.52, -1.24) p=0.017**
Diastolic Blood Pressure								
Adjusted model[4]	49	80.79 (78.96, 82.62)	36	81.06 (78.94, 83.17)	34	78.75 (76.54, 80.96)	**0.27 (-2.40, 2.93) p=0.843**	**-1.04 (-4.77, 0.69) p=0.142**

[1] Estimates were calculated using Multilevel Mixed Effects Linear regression models.
[2] Adjusted for ethnicity, gender, education level, employment status, participation in other food assistance program, need for diabetes medication.
[3] Adjusted for ethnicity, gender, age, education level, employment status, participation in other food assistance program, NCCM class attendance, need for diabetes medication.
[4] Adjusted for ethnicity, gender, age, education level, employment status, participation in other food assistance program

Qualitative Interviews

Characteristic	Category	n=28
Sex	Male	2
	Female	26
Race/Ethnicity	Black	6
	Hispanic/Latino	13
	White	7
	Declined to Specify	2
Language	English	18
	Spanish	10

Results: Qualitative Interviews

- **Motivation to participate**
  "Because of my diabetes. I wanted to learn new cooking recipes so I could learn how to eat healthier."

- **Cooking classes**
  "Keep the classes coming...it's something that even if some doctor tells us to 'eat healthy' we have no idea...if you give us these classes, for us it is everything."

- **Online resources**
  "As far as the toolkits, it was wonderful, the videos, all of it was super easy and also accessible."

Results: Qualitative Interviews

- **Customizability of recipes**
  "You can mix up which vegetables you're using, so it's really versatile."

- **Sense of community**
  "I think it's kind of fun too because you get to kind of meet other people... we're talking about you the struggles we've had along the way. You know and I think that's good."

- **Outcomes**
  "My A1C at one time was 11. I believe now I'm down to 8.2 So, it's just little changes, checking my levels, not using as much sodium, I never realized like prepackaged good has so much sodium..."
  "With what I have learned, I pay more attention to the labels. I look at how much sodium..., how much sugar it has. Before I didn't pay much attention and now I do."

Limitations

- Uncontrolled pilot study design

- Small sample size

- Participants motivated to change health behavior
  - Sample might not be representative

Discussion & Implications

- Brief culinary medicine intervention
    - Significantly improved healthy eating, cooking behaviors, diabetes self-management, cooking self-efficacy & perceived health
    - Reduced barriers to healthy eating and HbA1c levels
    - **Continued** to improve HbA1c levels 6 months post
- Teaching lasting culinary skills
- Potential to disseminate more widely (available online, can be delivered virtually)

Next Steps

- NCCM Acres Homes

- Teaching Kitchen Collaborative Trial

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Be Well™ Acres Homes
Building a healthier community together

Funding for pilot on National Cancer Institute-funded U54 Acres Homes Cancer Prevention Collaboration (1U54CA280804-01), led by MD Anderson

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Specific Aims

- Aim 1. Conduct a pilot study of the *Nourishing the Community through Culinary Medicine* program with patients at UT Physicians clinics serving Acres Homes to assess feasibility and preliminary efficacy.

- Aim 2. Explore participant experiences in the pilot study to explain findings and finalize our protocol for a future large-scale trial.
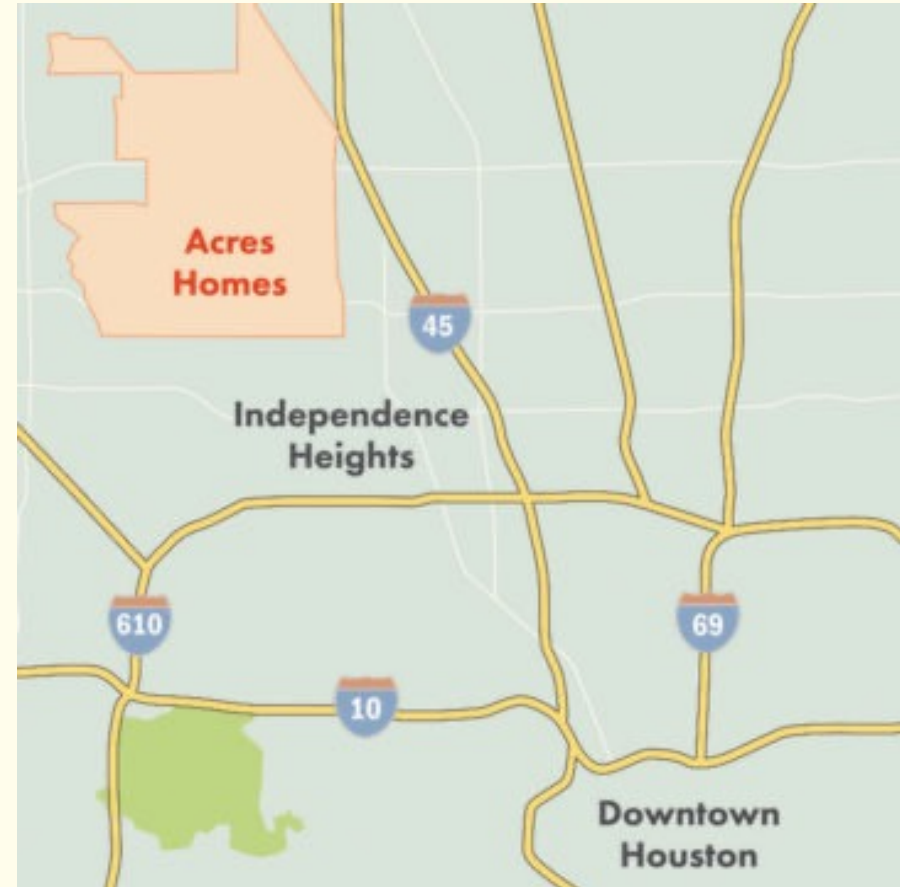

Image source: https://www.texasobserver.org/community-land-trust-texas/

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Design

- Intervention group: 66 patients from UT Physician clinics serving Acres Homes (Greens and Victory); Control group: 66 patients from Jensen clinic.

- NCCM classes on a rolling basis, hosting the 5-week program for 4-6 cohorts (2-3 cohort in each language, depending on demand) of 11-17 participants each.
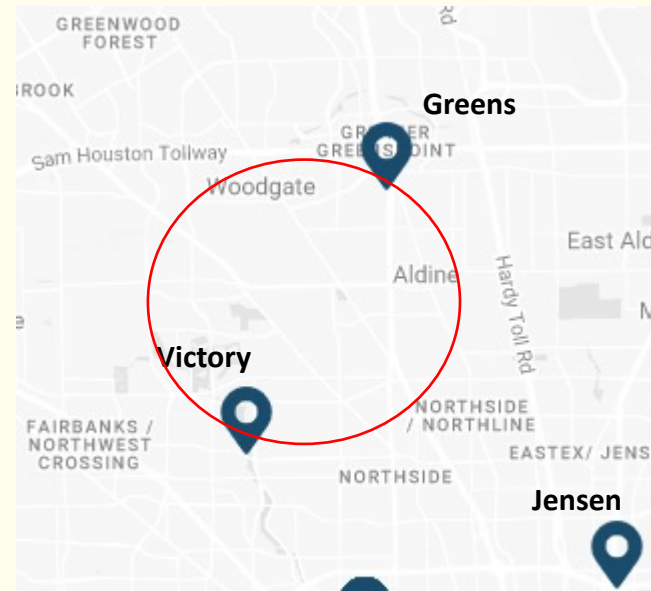
Data Collection

- Collect BMI and HbA1c from EMR at baseline and post-intervention.

- Participants will complete a self-administered questionnaire at baseline and post-intervention.

  - Measures: perceived health, average daily servings of fruits, vegetables and whole grains, frequency of healthy food consumption, shopping, cooking and eating behaviors, cooking self-efficacy, diabetes self-management, and perceived barriers to healthy eating.

- A subset of intervention participants will complete an in-depth interview to explore participants experiences.

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Teaching Kitchen Collaborative Trial

- Interactive hands-on cooking instruction, nutrition education, and health coaching that includes a focus on physical activity and mindfulness

- Weekly classes for 16 consecutive weeks then monthly for 8 months

NOURISH.TKMT@UTH.TMC.EDU

(832) 941-0900

Teaching Kitchen Collaborative Trial

- Assessments at baseline, 4 months, 12 months and 18 months
- Anthropometrics, bloodwork, questionnaires

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(832) 941-0900

Teaching Kitchen Collaborative Trial

Participate in a FREE culinary based lifestyle program for people with metabolic risk

You may be eligible to participate if:
- you are 21-70 years of age
- have BMI 25-39.9
- have at least 1 of the following:
  - prediabetes or high blood sugar
  - fatty liver disease or abnormal liver labs
  - high cholesterol

EXPANDED ELIGIBILITY!
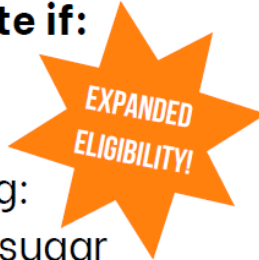
Participants will receive:
- Free teaching kitchen classes with all ingredients provided
- up to $200 worth of incentives for completing study assessments

Program includes:
- nutrition and health
- cooking skills and techniques
- movement and physical activity
- mindfulness and stress reduction
- health coaching

nourish

Visit www.tktrial.org for more info

Now Recruiting!

Enroll now for classes beginning January 2024!

Thank you!

View our Center's webinars

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