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PROMOTING HEALTHY, HOME-COOKED MEALS: FORMATIVE RESEARCH FOR A SOCIAL MARKETING PROGRAM TARGETING LOW-INCOME MOTHERS

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PROMOTING HEALTHY, HOME-COOKED MEALS: FORMATIVE RESEARCH
FOR A SOCIAL MARKETING PROGRAM TARGETING
LOW-INCOME MOTHERS

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Science in the
College of Agriculture, Food and Environment at the University of Kentucky

By

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Lexington, Kentucky

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Lexington, Kentucky

2014

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ABSTRACT OF THESIS

The purpose of this study is to gain a deeper understanding of the dynamic of perceived benefits and barriers associated with cooking meals at home. The findings will be used to design a social marketing campaign promoting healthy home-cooked meals. Participants included 64 SNAP-eligible mothers throughout the state of Kentucky aged 21-49 years with young children. Eight focus groups were conducted in four metro and four non-metro counties. A mixed methods approach was used to examine behaviors such as where families purchase foods, the types of foods purchased, family cooking skills and habits, and family time management. Results from this study show women regularly incorporate home-cooked meals into their lives. Three major themes evolved from analysis: learning more about preparing healthy, home-cooked family meals; the important relationship of families and cooking, and the dread of kitchen cleanup following a meal. Data from the written survey provided information regarding eating and cooking patterns in a week, important meal characteristics, relative confidence in cooking skills, and Internet and social media use.

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May 8, 2014

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Chapter One

Introduction

Home-cooked meals, often associated with comfort and tradition, are becoming less common. In 1981, 3.7 meals were eaten away from home per week, in 2005 that number rose to almost five times per week (Condrasky, Griffin, Catalano, & Clark, 2010). Americans spend nearly half of their food dollars on food away from home (Liu, et al., 1, 2013). Restaurant and take-away foods are often higher in calories, saturated fat and lack fruit, vegetables, and milk (Condrasky et al., 2010). Along with increasing body weight in the United States, restaurant portion sizes have also increased (Condrasky et al., 2010). An important and problematic outcome of the decline in preparing food at home is a decline in food preparation knowledge as well as level of cooking skill (Condrasky et al., 2010). The trend of eating away from home has turned this practice into a necessity for many families due to limited cooking skills. Factors such as time, convenience, and lack of resources contribute to the decision to eat outside of the home. A clear understanding of the behaviors within, and the dynamic between, these factors is not well-understood and hinders the identification of methods to change this behavior.

Social class is a major determinant of access to healthy foods, which is a primary concern in proper nutrition (Darko, Eggett, & Richards, 2013). Supplemental Nutrition Assistance Program (SNAP) participants, formerly known as food stamp recipients, have limited financial resources and high employment and/or family demands, resulting in less time available for meal preparation (Jilcott, Moore, Wall-Bassett, Liu, & Saelens, 2011). A study at East Carolina University found females enrolled in SNAP were more likely to be obese compared to women not enrolled in SNAP with the same income levels (Jilcott

et al., 2011). SNAP participants are one of the multiple segments of the population that deserve a situation-specific intervention plan.

Kentucky consistently ranks as one of the top thirteen states in obesity prevalence, with 30-35% of the state classified as obese (Centers for Disease Control and Prevention, 2012). According to the 2013 State Indicator Report for Fruits and Vegetables, 46% of adults and 50% of adolescents reported consuming fruit less than one time per day (Prevention, 2013). Kentucky ranked poorly compared to the rest of the nation.

Kentucky's consumption of less than one fruit per day was ranked seventh; and out of the 40 states polled for adolescent consumption, Kentucky ranked second (Prevention, 2013).

Problem Statement

Meal preparation methods among low-income families are not well-understood and thus intervention strategies have not been optimized to target behavior related to healthier home meal preparation.

Purpose Statement

The purpose of this study is to gain a deeper understanding of the dynamic of perceived benefits and barriers associated with cooking meals at home in order to design a social marketing campaign to promote healthy home-cooked meals. Specifically, these behaviors were studied: (1) where families purchase foods, (2) the types of food families purchase, (3) family cooking skills and habits, (4) family time management, and (5) other important emergent topics.

Research Questions

1. Among low-income families in Kentucky, what factors influence whether people cook at home or not?

2. Among low-income food preparers in Kentucky, what cooking skills are used to serve meals to families?
3. What are the barriers and motivators of cooking at home among Kentucky low-income families?

Justification

Participation in SNAP is positively associated with obesity status among females when compared to non-SNAP participants of similar income levels (Jilcott et al., 2011). SNAP participants have limited financial resources and high employment and/or family demands, contributing to less time available for healthful behaviors, such as preparation of affordable, nutritious meals (Jilcott et al., 2011). More research needs to be done to further understand how and what families are cooking, and the factors that determine whether or not they cook.

Inconsistent results portray a gap in understanding of what low-income families actually practice in relation to meal strategies. One study concluded that having more meals prepared by a caregiver was predictive of higher BMI-for-age percentile in adolescents, but healthier cooking methods used by the caregiver was associated with a reduced risk of adolescent overweight and obesity (Kramer et al., 2012). Using both qualitative and quantitative (mixed) methods to gain insight should lead to a greater understanding and aid in promotion of healthy, home-cooked family meals.

Assumptions

The participants in the study were recruited to represent SNAP eligible families within the state of Kentucky. Women were recruited with the assumption

that they are honest in meeting the requirements for inclusion such as income level, age, and ages of children. The survey and focus group discussions were assumed to reflect the true feelings and lifestyle practices of the participants.

Chapter Two

Review of Related Literature

Introduction

Research regarding home cooking practices yields a diversity of findings with few definitive conclusions. Some studies have shown that eating away from home or take-away may not be as common among limited-resource families, rather the types of foods being cooked at home by SNAP recipients may increase risk for obesity. In either circumstance, it is important to understand practices and behaviors associated with both to understand methods of intervention for the target audience.

Aside from specific cooking practices, common habits for grocery shopping are important to look at as well. Cooking is a complex behavior that cannot be considered in isolation of food shopping and other behaviors (Figure 1). Conflicting research regarding so-called food deserts, areas in which access to unprocessed foods is scarce, are apparent as well. Contrary to what some research has shown an equal amount of research has shown that people are willing to travel in order to attain foods of interest. A common theme among all of the mentioned research is the notion of time; perceived convenience has shown to be a primary motivation for eating habits.

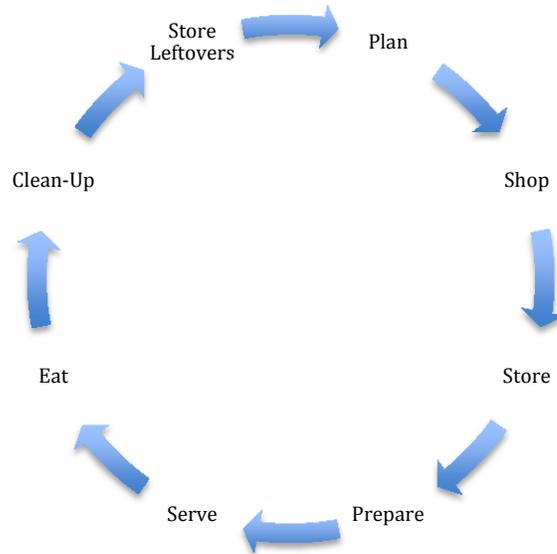


Figure 1: The Cooking Process

Much of the information regarding eating and cooking at home or seeking outside food sources is audience specific. Identifying multiple resources that cover the scope of audiences of particular concern are important in gaining insight of what areas lack information. Aside from the perceptions and practices of home-cooked meals, areas that bear further study include food shopping behaviors, the role of time management, and the effectiveness of previous health promotion programs aiming to promote healthy lifestyles.

Perceptions and Practices Related to Home-Cooked Meals

The meanings people ascribe to cooking are indicative of their motives, which may reveal how they approach cooking (Daniels, Glorieux, Minnen, & van Tienoven, 2012). Studies have shown people consider cooking primarily as a household chore that needs to be accomplished (Daniels et al., 2012). Importantly, cooking may have different meanings related to cultural discourses or situational circumstances (Daniels et al., 2012). When people cook solely for themselves, they take considerably less pleasure in cooking

since they merely cook to meet their nutritional needs (Daniels et al., 2012). Many cultures put great emphasis on food and sharing food out of love for one another.

Preparing home-cooked meals has shown to have a diverse realm of meanings. The standard, entrée and a few side dishes does not seem to be as customary as it once was. One study found food-choice coping strategies affecting dietary quality to reflect parents' work and family conditions (Blake, Wethington, Farrell, Bisogni, & Devine, 2011). Parents report that different family members often prepare something different for a main meal on work days as well as frequent meals eaten at fast-food restaurants (Blake et al., 2011). The food-choice coping strategies and eating behaviors used by parents in this study were associated with conditions such as work schedules, marital status, partner's employment, and number of children, which acted in some cases as barriers to healthy dietary intake (Blake et al., 2011). The study provides insight regarding diet quality associated with foods eaten or prepared away from home. Grabbing snack foods instead of a meal, using convenience entrees at family meals, meal skipping, and individualized meals are all strategies associated with lower dietary quality (Blake et al., 2011).

Relatively few studies have looked at the relationship between multiple characteristics of home food preparation and youth body mass index (BMI) (Kramer et al., 2012). Some studies suggest a positive correlation of home cooking and higher diet quality (Kramer et al, 2012). This study, which looked at home food preparation methods and youth and caregiver psychological factors in relation to BMI in African American youth, is an example of the importance of a need for healthy home meal preparation skills (Kramer et al., 2012). The study found that higher BMI was associated with a greater

frequency of caregiver food preparation (Kramer et al., 2012). Two potential mechanisms the study stated as possible reasons for this observation were typical home-cooked meals in the population studied may not be healthier than food purchased outside the home or that African Americans do not substitute home-cooked meals for unhealthy, carry-out meals or snack foods but eat the home-cooked foods in addition to those unhealthy foods (Kramer et al., 2012). This study indicates the healthfulness of caregiver cooking methods is associated with the healthfulness of youth food preparation method, suggesting a possible pathway by which parental dietary behaviors and weight status are transmitted to their children through the home food environment (Kramer et al., 2012).

Home cooking practices are also influenced by role expectations within a family. A study targeting low-income Appalachian food preparers and their families showed barriers to expanding vegetable consumption to be intra-family role expectations (Brown & Wenrich, 2012). Participants in this study were predominantly white, married, and female, with several children living at home (Brown & Wenrich, 2012). Results from this study showed the dinner pattern of meat, potatoes or starch, and vegetables was an unspoken rule many families reinforced by favoring meat and potatoes (Brown & Wenrich, 2012). The majority of couples reported either the father's or the children's preferences determined the vegetables served (Brown & Wenrich, 2012). Another finding of importance was the likelihood of serving new vegetables was low (Brown & Wenrich, 2012). The strong theme of role expectation throughout this study suggests many food preparers need methods to alter role expectations and power structures to implement changes in dinner vegetable choices (Brown & Wenrich, 2012).

Many studies have shown regular family mealtimes have been associated with an increase in fruit and vegetable consumption, reduced soft drink intake, and an increased breakfast frequency (Sweetman, McGowan, Croker, & Cooke, 2011). One of the most promising outcomes resulting from frequent family meals is the association with increased discussion and knowledge of nutrition-related topics, indicating that shared meals enable parents to convey positive nutrition messages to their children (Sweetman et al., 2011).

A study carried out in the United Kingdom examined whether family meal frequency was associated with healthier dietary intake among 2- to 5-year-old children by assessing specific food, social, and environmental components of meals influencing children's dietary intake and preferences (Sweetman et al., 2011). This study of 434 primary caregivers found children's liking for vegetables was predicted by eating approximately the same food as their parents (Sweetman et al., 2011). Frequency of family meals in this sample were found to be unrelated to children's vegetable consumption, which contrasts to findings in older children where frequency of family meals was related to dietary quality and intake (Sweetman et al., 2011). This study's unique finding was that in preschool-aged children, emphasis should be placed on encouraging parents to provide home-cooked meals that mirror those eaten by the adults in the family to improve vegetable intake (Sweetman et al., 2011).

Shopping Behaviors

A variety of factors influence shopping behaviors among low-income individuals. These include food costs, food access and availability, food quality, and use of coupons or in-store sales (Darko et al., 2013). Research has shown the increased level of

household food insecurity when households using SNAP benefits are unable to meet their dietary needs throughout the month (Darko et al., 2013). A study exploring food shopping behaviors over the course of a month was conducted on low-income families to observe the ebb and flow of economic resources. Through the use of focus groups, further insight into behavior was attained from the study.

The three dominant themes of the study results showed: (1) the impact of economics on shopping behaviors during the month; (2) health concerns and shopping behaviors; (3) shopping strategies to overcome economic barriers during the month (Darko et al., 2013). Shopping behaviors for the participants were primarily influenced by the timing of receiving employment wages or SNAP and Women and Infant Care (WIC) benefits (Darko et al., 2013). Many families stated the increased use of packaged and canned foods at the end of the month due to a lack of funds to purchase fresh foods (Darko et al., 2013). Families also reported making adjustments in the frequency of eating at restaurants or fast-food establishments when economic resources were low (Darko et al., 2013). One couple reported using credit cards to cover food and health care costs when associated expenses were low (Darko et al., 2013). Another notable finding was the willingness to travel to stores with the perceived lowest cost for foods needed due to special health concerns (Darko et al., 2013).

Participants in the study showed a general understanding and knowledge in regard to nutrition and health information. One participant even reported making her own bread as a way to cut expenses and unnecessary added ingredients. Other health concerns included the avoidance of *trans* fats and products containing monosodium glutamate (MSG). Finding foods for a gluten-free diet were also reported due to Celiac disease

diagnosis. A lack of funds was a reoccurring theme throughout the study; one participant even noted the inability to adequately treat her diabetes due to inadequate SNAP benefits (Darko et al., 2013). Other shopping strategies observed included using in-store sales, newspaper advertisements, coupon clipping, and price matching among stores (Darko et al., 2013). This study is an example of the importance of going beyond survey data and using focus groups to understand factors influencing food purchasing behaviors.

Behaviors related to food shopping are thought to largely be dependent upon the built food environment, yet what constitutes a food environment and how the environment influences individual behavior remains unclear (Hirsch & Hillier, 2013). Evidence supporting supermarket accessibility and density associated with weight status and health outcomes is conflicting. A study conducted in Philadelphia assessed whether travel mode and distance to food shopping venues differed among individuals in varying food environments and whether individual- and household-level factors were associated with food shopping patterns (Hirsch & Hillier, 2013). The study took 25 households in an unfavorable food environment and 25 households in a favorable food environment and mapped food shopping patterns (Hirsch & Hillier, 2013). Findings from this study gave insight to the intricate food shopping patterns of individuals within the context of disparate food environments.

Results of the study showed individuals in both groups reported similar priorities for choosing a store including distance, price, and store atmosphere (Hirsch & Hillier, 2013). Interestingly, the study found no significant difference in shopping frequency or motivating factor behind store choice between the groups (Hirsch & Hillier, 2013). Distance traveled was found to be influenced by car ownership, education, and income

(Hirsch & Hillier, 2013). The study found stores visited for both small and large shopping trips often exceeded the 0.5-mile radius traditionally used to represent the extent of an individual's food environment in an urban area (Hirsch & Hillier, 2013). The mean travel distance was 6.3 miles to superstores for large shopping trips (Hirsch & Hillier, 2013). Another key finding in this study suggests that once an individual has made the decision to drive, distance becomes less important and other factors, such as quality and prices, become more important (Hirsch & Hillier, 2013). Individuals with available financial means were shown to more specifically seek out healthy options (Hirsch & Hillier, 2013).

Recent studies suggest that few individuals choose to shop in the store nearest to them (Gustafson, Christian, Lewis, Moore, & Jilcott, 2013). Findings also indicate those who shop at grocery stores in a disadvantaged neighborhood report higher BMI relative to those who shop at a grocery store in a higher income neighborhood, yet determinants of these factors are still not clear (Gustafson et al., 2013). A study carried out in Lexington, KY examined associations among various dietary indicators and 1) food venue availability within daily activity space 2) food venue choice and frequency of shopping and 3) healthy food availability within the food venue (Gustafson et al., 2013).

Results from this study were based on 121 participants (Gustafson et al., 2013). The study found there were no greater or lesser odds of consuming fruits, vegetables, milk, red meat, high fiber cereal, or sugar sweetened beverages if a person traveled within a healthier retail food environment compared to traveling within a less healthy retail food environment (Gustafson et al., 2013). An overall primary finding in this study was that it is not simply the frequency of food shopping, but also the type of supermarket

where individuals shop, that may influence intake and weight status (Gustafson et al., 2013).

The Role of Time Management

Time plays a multidimensional role in food coping strategies. Hectic lives limit not only the amount of time available to prepare a home-cooked meal, but also the amount of time to consume a meal, clean up after meal preparation and consumption, accomplish grocery shopping, and meet nutrient guidelines while doing so. Some evidence suggests longer time spent preparing meals is associated with higher diet quality (Chu, Addo, Perry, Sudo, & Reicks, 2012). However longer preparation times do not always translate into increased healthiness of a meal. Research conducted on time management is important to understanding common daily practices. Many fruits and vegetables are ready to eat with little to no preparation; however availability of time to purchase such items may result in the perceived convenient use of a vending machine.

A study of 1036 midlife (40-60 years of age) women examined the association between amount of time spent preparing meals and meal food group and nutrient content by meal occasion (breakfast, lunch, and dinner) (Chu et al., 2012). Refining preparation time to specific meal occasion allowed for some key findings. Women who spent less than five minutes preparing breakfast were found to eat more whole grains and dairy due to grab-and-go and cereal options (Chu et al., 2012). Women who spent more time preparing lunch ate more calories, vegetables, meat, iron, and sodium; suggesting larger meals are consumed when more time is spent cooking (Chu et al., 2012). Women who spent less time preparing lunch actually consumed more whole grains and fiber, a possible result of preparing quick sandwiches with bread (Chu et al., 2012). Dinner

preparation found similar results as lunch in that women who spent more time preparing dinner ate more calories, vegetables, meat, iron, and sodium (Chu et al., 2012).

The findings of this study indicate that the association between meal preparation time and meal food group and nutrient content did not differ according to weight status (Chu et al., 2012). Normal weight and overweight women reported spending approximately equal amounts of time preparing meals, a result that is inconsistent with other studies (Chu et al., 2012). Results from this study indicate the need to provide adequate nutrition and meal preparation education.

In addition to time preparation of meals, travel time is also a factor in the types of food chosen for consumption. SNAP participants have limited financial resources and high work and/or family demands, contributing to less time available for healthful behaviors, such as preparation of healthful meals (Jilcott et al., 2011). Equally important, higher workload and time spent commuting may increase stress, leading to lower frequency of grocery shopping and increased consumption of prepared food (Jilcott et al., 2011). To assess these factors, one study examined the associations between self-reported vehicular travel time and distance, perceived stress, food procurement practices, and BMI among female SNAP participants.

The majority of the sample studied was not working and lived in an urban area (Jilcott et al., 2011). A large amount of the participants reported shopping at a grocery store 1-3 times per month and consuming fast food one time per week or less (Jilcott et al., 2011). Travel logs in this study showed an average vehicle travel of 105.6 minutes per day (Jilcott et al., 2011). The study found neither travel times nor travel distance to be significantly associated with BMI (Jilcott et al., 2011). Participants who traveled more

did report greater frequency in consumption of fast food and less home meal consumption (Jilcott et al., 2011). Results of this study may be unique for an urban audience and not reflective of a rural population. Aside from food consumption, travel time did show an association with higher stress levels (Jilcott et al., 2011). Results of this study show a need for information concerning the detailed relationships between travel patterns and procurement of healthful versus unhealthful food among SNAP participants.

Another study looking at SNAP participants aimed to examine the relationship between household food security status, SNAP participation, and time used in food preparation and acquisition (Jilcott et al., 2011). This study reported food insecurity is positively associated with food preparation in single households and has no significant relationship in married households (Jilcott et al., 2011). SNAP participation and employment were found to have significant negative relationships with food preparation in married households while SNAP has a positive association with time for food preparation in single households (Jilcott et al., 2011). This study indicates that food insecure households allocate food preparation and acquisition time differently than those households that are food secure. The relationship between food security and food preparation appears to be dependent on whether the household consists of a single adult or a married couple (Jilcott et al., 2011).

Effectiveness of Previous Health Promotion Programs

A wide range of research has been conducted to examine the effectiveness of implemented health promotion programs. Programs have been designed to target cooking skills, obesity prevention, nutrition education, children-oriented cooking lessons, and physical activity education. It is important to thoroughly evaluate the effectiveness of

past programs in order to understand what works best and what components do not add a noteworthy benefit. Target audiences for programs range from the entire community to specifically children and the variations seen among the audiences have shown to largely determine the success of the program.

A pilot childhood obesity prevention intervention aimed at increasing the quality of foods in the home and at family meals, titled Healthy Home Offerings via the Mealtime Environment (HOME) program, was assessed to develop and test the feasibility and acceptability of the program (Fulkerson et al., 2010). The intervention program was held in neighborhood facilities and included five, 90-minute sessions consisting of interactive nutrition education, taste-testing, cooking skill-building, parent discussion groups, and hands-on meal preparation (Fulkerson et al., 2010). Children aged 8-10 years old and parents completed assessments at their home at baseline, post-intervention, and 6-month follow-up, including psychosocial surveys, anthropometry, 24-hour dietary recalls, and home food availability and meal offering inventories.

Results of the HOME program were promising. Families reported an average of five family dinners per week at post-intervention (Fulkerson et al., 2010). Children in the intervention group were significantly more likely than children in the control group to report gaining food preparation skills as well as increased self-efficacy (Fulkerson et al., 2010). Intervention condition homes also indicated trends of higher fruit and vegetable availability, and lower availability of quick, high-fat microwaveable foods, and processed meats when compared to the control homes (Fulkerson et al., 2010). Positive nutrient-level outcomes were evident including reductions in percent of calories from fat, and increases in fiber, calcium, and Vitamins B6 and B12 were also observed post-

intervention (Fulkerson et al., 2010). The study did not find any difference in relation to BMI levels, emphasizing the difficulty of improving body weight with relatively brief intervention programs (Fulkerson et al., 2010). The Healthy Home Offerings via the Mealtime Environment program suggests obesity prevention programming with families in community settings is feasible and well accepted (Fulkerson et al., 2010).

Nutrition intervention programs have shown success when including techniques that help families develop strategies for quick, nutritious meals, manage food resources, feel more confident in food preparation knowledge and ability, and improve nutrient composition (Condrasky et al., 2010). An intervention program called Cooking with a Chef (CWC) was introduced to Cooperative Extension agents in South Carolina through Clemson University, with partnership from the Department of Health and Environmental control (Condrasky et al., 2010). A formative evaluation was done with data collection through focus groups and individual interviews examining program implementation, participant impressions, and program objectives (Condrasky et al., 2010).

The CWC program utilized a professional chef and a nutrition educator team, providing five education lessons through meal planning activities and hands-on cooking guidance (Condrasky et al., 2010). The chef gave lessons on proper knife skills, recipe substitutions, timesaving techniques, and flavor development (Condrasky et al., 2010). The nutrition educator provided lessons on the importance of meeting the Dietary Guidelines for Americans, particularly fruit and vegetable intake, while sharing techniques for implementing the guidelines into family meals (Condrasky et al., 2010).

Evaluation of the program yielded some promising findings. The qualitative findings indicated a high level of potential in CWC program for building self-efficacy

and changing the home environment by improving availability and accessibility of fruits and vegetables and increasing frequency of at-home cooking (Condrasky et al., 2010). Involvement in the CWC program serves as a new way to enhance the family dining experience at home, make healthy ingredient choices, and enjoy mealtimes together (Condrasky et al., 2010). Qualitative data from CWC indicated that the program is effective in promoting skill development, behavior change, and increasing awareness, knowledge, and self-efficacy in food preparation techniques, meal planning, and cooking skills (Condrasky et al., 2010).

Another study evaluating the factors influencing adoption and implementation of a program titled Cooking With Kids (CWK). CWK is a curriculum that included cooking lessons and tasting lessons that encourage elementary schoolchildren's innate curiosity and enthusiasm for food through direct experience with fresh, affordable foods (Diker, Walters, Cunningham-Sabo, & Baker, 2011). Results of the study support the importance of experimental learning, academic integration, and user-friendliness, as well as cultural relevance or nutrition education curricula (Diker et al., 2011). Results of this evaluation show programs that create or adapt nutrition education curricula for use in schools should incorporate experiential "hands on" components such as food preparation or other participatory activities that engage students' senses and incorporate learning opportunities in a variety of school subjects (Diker et al., 2011). In addition, Extension practitioners who create nutrition education curricula should incorporate handouts, worksheets, and activities that are in a user-friendly format such as a three-ring binder for easy duplication (Diker et al., 2011).

For Expanded Food and Nutrition Education Program (EFNEP) participants, improved cooking skills and food shopping behaviors are often cited by educators as “success stories” (Mahajan, 2012). This study utilized the opinions of EFNEP educators to gain insight as to what they found were reasons for overweight and obesity in the participants. This study was designed to help EFNEP program designers understand how to promote and encourage adoption of these behaviors in order to impact obesity. EFNEP educator interviews revealed they found a lack of cooking skills and poor shopping behaviors to be main contributors to obesity. Interviews from this study noted success stories as primarily ones that included children and family (Mahajan, 2012). Many of the success stories mentioned involved physical exercise as a component as well as cooking, food safety, and recipe modifications (Mahajan, 2012).

Major National Market Survey

It’s Dinnertime: A Report on Low-Income Families’ Efforts to Plan, Shop for, and Cook Healthy Meals; found cooking at home; contrary to popular belief, is quite prevalent in low-income families throughout America (Share Our Strength, 2012). The study interviewed 1,500 low to middle income families in the United States, with a margin of error of $\pm 2.5\%$. The study’s research objectives were to explore low-income families’ desires and behaviors around food, identify perceived barriers to healthy eating and cooking, assess if participation in public nutrition programs influences behaviors, and uncover potential solutions, including tools like cooking-based nutrition education programs.

Major findings of the study showed 78% of families reported eating at home most or every day of the week, however only 53% reported eating healthy dinners at home

most or every day of the week (Share Our Strength, 2012). A disconnect between the desire to eat healthy and actually preparing healthy meals was apparent, with 78% reporting an interest in learning more about cooking healthy meals that taste good. At least 60% of families showed satisfaction with their grocery stores when it comes to providing quality, variety, and stocked healthy groceries. Grocery stores prices did not receive as much satisfaction, with one in five families saying they were extremely dissatisfied with price. Another major finding of the study was that families reporting regular use of budgeting and planning behaviors such as grocery lists and planning meals before shopping, were the same families who ate healthy, balanced or made dinner from scratch most nights of the week.

Findings from this study were used to implement a program called Cooking Matters. The program teaches families how to effectively budget while grocery shopping for healthy foods. A six-week course on nutrition and cooking is done along with completion of Shopping Matters, an hour-long grocery tour. The program has shown success, with the average graduate planning meals ahead of time 55% more often (Share Our Strength, 2012). Graduates of Cooking Matters report comparing prices of foods 38% more often than before the course. Results of this study are timely and specifically related to the target audience of the current study.

Summary

In summary, multiple factors influence whether or not families cook at home. What is described as a home-cooked meal may vary significantly among different populations. Perceived priority for desired healthiness of a meal is not shown to be as important as convenience. Families are busy and income is limited, which further

challenges the intricacies of a successful intervention plan. The diverse studies reported here reinforce the need for audience specific intervention plans. Not all segments of low-income populations function similarly, and therefore assisting each population is likely to result in better outcomes.

Chapter Three

Methodology

Introduction

Lifestyle characteristics and food choice strategies differ among populations and geographic regions. Proximity to grocery stores and availability of fast food are major characteristics that influence preparation of home-cooked family meals in the state of Kentucky. As of December 2013, Kentucky had 840,047 people receiving SNAP benefits. Of Kentucky's SNAP participants, 87% are women, 54% of the population of women on Kentucky SNAP are between the ages of 21-49, and 57% of Kentucky SNAP families include children aged 6 -18 years.

Sample and Study Design

This study targeted SNAP eligible women throughout the state of Kentucky. The 64 participants were chosen on the following criteria: English speaking, 21-49 years of age, having one or more children 6-18 years of age, eligibility for food stamps, ability and willingness to cook, and not pregnant or breastfeeding. Recruitment was done through the use of flyers, use of schools to send information home with students, as well as the use of both social and traditional media (Appendix A). Flyers were distributed at a wide range of locations including Family Support offices, Cooperative Extension Service offices, non-profit organizations, churches, apartment and housing complexes, discount stores, laundromats, government service centers, public schools' Family Resource centers, as well as door-to-door recruitment. Study protocols, focus group recruitment,

and implementation procedures were approved by the Institutional Review Board (IRB) of the University of Kentucky.

Eight focus groups were conducted with three to twelve participants in each group. Four metro and four non-metro counties were included in the study (Appendix B). Metropolitan cities were defined as areas having a population of 250,000 to one million or more (Appendix B). Non-metropolitan cities were defined as areas having a population of 2,500 to 19,999 not adjacent to a metro area (Appendix B). Focus group site selection was based on the locations ability to capture a highly dense SNAP population. Multiple counties were included to capture the state of Kentucky's differences in educational attainment, culture, and ethnicity. Counties included had persons below the poverty line ranging from 14.10% to 29.80% and populations between 18,000 and 750,000. The inclusion of families with a military presence was also considered for inclusion, hence conducting a focus group in a county with 13.88% military presence. Participants were screened for eligibility prior to participation in a phone interview with the project coordinator. Recruitment procedures are summarized in Appendix C.

Focus groups were held at County Extension offices and community centers, and generally ran sixty minutes in length. A Registered Dietitian took detailed notes using the focus group protocol in all groups. Focus groups were audio recorded on two devices and used for verbatim transcription. A skilled moderator with a detailed focus group protocol conducted focus group discussions (Appendix D). Questions were asked with the intention to gain knowledge of participant's current practices, level of apprehension towards learning new information, as well as offer an inviting platform for individual suggestions. Focus groups were led with an aim to target behaviors such as where

families purchase foods, the types of foods families purchase, family cooking skills and habits, and family time management. Focus groups offered childcare, food, and a \$25 grocery gift card to each participant. All focus groups concluded with a written survey distributed for participants to complete. Written surveys were designed to gain information regarding demographics, internet access and media use, cooking skill level, and common eating practices (Appendix E).

Data Analysis

Verbatim transcripts of focus group sessions were imported into NVivo 10 qualitative analysis software (NVivo 10, 2000, QSR International Pty Ltd) for organization and coding of the data. A deductive grounded theory approach and theory based codes were used to code notes and transcripts. Prior to coding verbatim transcripts, all three coders formed a codebook and individually coded the notes taken at each focus group session (Appendix F). All transcripts were coded by three people to minimize individual bias and strengthen the validity of the results. Inter-rater reliability was 99.7% among the coders.

Analysis of the written survey was done using SPSS 22 predictive analytics software (IBM Corp, 2013). The written survey results were used to complement the focus group findings.

Chapter Four

Results

Demographics

Of the 64 participants, 36 (56%) lived in metropolitan cities, 28 (44%) lived in non-metropolitan cities, 44 (69%) were not married, and 38 (59%) were non-working (Table 1). Ages of children were somewhat evenly distributed among age groups.

Table 1: Demographics	
Age, n (%)	
21-27 y	9 (14)
28-34 y	18 (28)
35-41 y	22 (34)
42-49 y	15 (23)
Marital Status, n (%)	
Married	20 (31)
Non-married	44 (69)
Employment, n (%)	
Working	26 (41)
Non-working	38 (59)
Geographic Region, n (%)	
Metropolitan	36 (56)
Non-metropolitan	28 (44)
Military, n (%)	
Military	9 (14)
Non-military	55 (86)
Children's Ages, n (%)	
1 month-3 y	12 (11)
4-7 y	31 (28)
8-12 y	37 (34)
13-18 y	30 (27)

Themes/Subthemes

Twelve major coding categories were derived from focus group questions. Six emergent codes were identified for a total of 18 major coding categories. Emergent codes include food shopping, well-known cooks, quotes, strategies to serve healthy family meals, nutrition myths, and favorite leftovers. Three major themes evolved from analysis, with seven subthemes total.

Theme 1: Learning More About Preparing Healthy, Home-Cooked Family Meals

Subtheme 1.1: How They Would Like to Learn

Women in this study expressed a strong preference for learning through a hands-on, group experience such as cooking classes. Preferred frequency of classes was as high as once or twice a week. Participants showed a preference for classes on the weekend, when they are more likely to go out to eat anyway. Involvement of children had exceptionally high support, particularly among those who expressed a weekend offering preference. Women placed great emphasis on involving children and/or providing childcare for children too young to participate. Beyond taking a class as a family so both parents and children could learn something, doing so as a community was highly regarded.

Women mentioned a desire to end the class by sharing a meal with all those involved and even taking home leftovers. For location, participants suggested a general community setting where a social gathering was feasible. Transportation was mentioned as a potential barrier in some counties with non-metro cities. Class expense had a wide range of suggestions from donations to five dollars to everyone bringing food they had

already. An affordable cost was characterized as \$10 and under or free of charge. Class length had an overall consensus of around an hour to an hour and a half. Importantly, participants generally wanted to learn in a fashion that brought together members of the community, gave something the children could occupy their time with, and offer a learning experience for all involved.

Subtheme 1.2: What They Would Like to Learn

Significantly, participants were not only willing to learn but also eager to learn. Although most women reflected characteristics of proficient cooking skills; basic lifestyle skills that go along with cooking seemed to be a necessary area in which to gain more information. How to stretch a food budget was an undertone in many aspects of focus group conversation. More importantly, how to stretch a food budget to have the capability to prepare healthy home-cooked meals was prominent in conversation. Women repeatedly mentioned the cost of food being a stress and the cost of healthier foods seemed to play a significant role. The conversation reflected an overwhelming feeling when discussing the cost of food and effective ways to address this concern was a topic of great interest for further learning.

Women seemed equally overwhelmed with the thought of making healthy foods taste good. They conveyed a strong desire for recipes and additional skill sets to enhance the likelihood of preparing healthy foods the rest of the family will enjoy. One woman summed up what she wanted out of a cooking class by stating “make a vegetable as good as a French fry”. Women strongly supported the idea of taste testing in cooking classes and its ability to increase the likelihood of them actually preparing it on their own.

Participants discussed the common practice of preparing foods that fall under the category of southern cooking. Learning approaches outside of the common methods used to prepare traditional Southern foods was of great interest. Women mentioned wanting to learn how to make foods taste good without an abundance of salt, butter, and other unhealthy flavor enhancers.

Theme 2: The Important Relationship of Families and Cooking

Subtheme 2.1: The Most Treasured Aspect of Cooking and Sharing Meals is Family Time

Overall, participants universally supported the notion that home cooking enhances family bonding, including not only the act of cooking together but also the act of eating a home-cooked meal together as a family. Some women discussed the amount of time low-income families spend at home due to limited money for leisure activities. Frequently spending time together and consuming meals together was portrayed as a method to keep families grounded and united. Women often mentioned requiring that families sit down and eat together on a nightly basis, with no interruptions such as telephone calls or visitors knocking at the door. Eating as a family was highly regarded as a great joy in the lives of these women and an aspect none seemed willing to compromise.

Subtheme 2.2: The Most Compelling Reason to Teach Children to Cook is so They Will be Self-Sustaining/Self-Sufficient

Women in this study valued cooking. Preparing food is a necessity to the participants in this study. One woman even said you cooked in her house or you starved.

Women found it important for their children to cook in order to be self-sufficient. Some women spoke of personal illness and the importance of their children having the ability to cook and feed themselves, if one day they might not be there to cook for them. This observation is related to a commonly cited barrier to cooking, illness among themselves or another family member. Many women supported the notion of cooking as a fundamental learning tool. Measuring, following directions, and understanding the building blocks of making a meal are seen as central cornerstones to education. Participants associated children knowing how to cook with a feeling of relief and comfort that children are able to cope without them. Participants mentioned the particular importance of boys learning how to cook. Women want their children to cook for survival and self-sufficiency.

Theme 3: Barriers to Healthy, Home-Cooked Family Meals

Subtheme 3.1: Cost of Healthy Foods and Diminishing Resources for Food Purchases

Women in this study broadly agreed on the associated higher expense that comes with healthy cooking. Frequent references of perceived unhealthy food costing significantly less than perceived healthy food were predominant among all groups. An abundance of women mentioned a desire to eat healthier but a primary barrier being the additional expenses of these items. Participants expressed that they simply cannot afford healthier foods, and if they had the luxury of choosing what to eat they would indeed choose healthier food options. Women expressed eating as a necessity first and foremost and due to that reality, price trumps relative healthiness. One woman summed it up by stating, “It’s survival food, not necessarily health food, and there’s a big difference

between the two”. Living on SNAP benefits was seen as the additional barrier to the luxury of choosing foods based on health. Women had an overall perception that healthy food is significantly more expensive than unhealthy food. There was not mention of the possibility to make food dollars stretch far enough to supply their families with a nutrient rich, healthful food supply. Beyond consuming basic healthy foods such as fruits and vegetables, participants also mentioned the desire to buy organic items free of pesticides, but find these foods to be too expensive.

Subtheme 3.2: Dread of Kitchen Cleanup Following a Meal

Barriers associated with cooking at home evoked a substantial amount of conversation regarding the additional labor brought on by cleaning the kitchen and dishes. Participants frequently referenced daily stress of work and financial situations and the fact that labor-intensive tasks such as dishes induce a sense of agony. Some women noted not having sufficient appliances such as a working dishwasher to aid in the process of cleanup. Women owning dishwashers still complained about having to wash pots and pans by hand. One woman even mentioned the annoyance of using fresh vegetables due to the need of washing the cutting board in between preparation of various foods. Cleanup was commonly referred to when women spoke of the multi-step process home cooking entails.

Subtheme 3.3: Finding Foods Everyone Likes and Will Eat

Many women stated finding foods everyone in the house enjoys or will eat as one of the most difficult aspects of cooking at home. Participants reported preparing more

than one item for dinner to accommodate the preferences of various family members. Participants also referenced the frustration associated with preparing a home-cooked meal and family members refusing to eat the food. Picky eaters were frequently mentioned as a source of frustration when planning family meals. Some women stated the extremely limited amount of foods their children will eat such as peanut butter sandwiches, hotdogs, or pasta. One woman mentioned her frustration towards her husband wanting a larger quantity of lesser quality food outweighing her desire for higher quality and less quantity when grocery shopping.

The table below includes selected quotes to illustrate these major themes.

Table 2: Quotes by Theme	
Number	Subtheme/Quotation
1.1	How They Would Like to Learn
1.1.1	The times when we tend to go out to eat and spend the extra money.
1.1.2	Yeah, you know cause you've probably done already cooked all week, so instead, you know, weekend, you're like we're just going to go grab something instead of cook something.
1.2	What They Would Like to Learn
1.2.1	I think there should be a way when you're getting food stamps that you should have a class learning about how to prepare food, buy food –
1.2.2	Well, first, let me want to eat healthy first, and then I'll think about the resources, you know what I'm saying? Let me want to, you know what I'm saying? Let me have a taste, or let me want to eat healthy and get my family healthy, and then I'll think about the resources: But first of all, I gotta get there first.
1.2.3	I mean just look at your kids. Really, honestly, you want to live as long as you can. I mean I have health problems, too, like you, like that there's enough health problems that can take you away, so the small things that you can do to make yourself healthier, why aren't you doing them?

Table 2 (continued)

1.2.4	I think for me, I'm a southerner, I learned all the wrong ways to make everything taste good, you know? So, I think I just want to learn how to make things taste better the natural way, and, you know, so I could live a lot longer: I mean it might sound selfish, it's not necessarily about my kids, because they're like health fanatics, thanks to their dad: But, for me, um, it's more so being here longer for them and not having this stuff that my family has because of the way we eat, because that's where most of our stuff come from, um, being a southern family, and it's just like, "Ughh" You know, and I try not to, I try to scale on the butter, I try to scale on the salt, and then it's like when you taste it, it's like, "This is not NOT"
1.2.5	Make a vegetable as good as a French fry.
1.2.6	Like the - the thing about cooking healthy is, you know, a lot of us come from a soul food family, so if it doesn't have that taste it's not going to go over well for our families. Like it has to have, you know, that pow, e-e-effect. So if I could learn how to cook healthy and still have that soul food taste that would be good.
2.1	The Most Treasured Aspect of Cooking & Sharing Meals is Family Time
2.1.1	So I wanted to kind of point that out, because I think that's important in what we were talking about, cooking, what your children experience between your - their parents or just in general, the family atmosphere has a lot to do with how they're going to be at mealtime or treat you in anything you do.
2.1.2	Everyone sit down at the table, and it was just, you know, a pleasure.
2.1.3	Yes, having that bonding with your family time.
2.1.4	I make my kids eat at the table with me so we have time together.
2.1.5	At supper time at my house, there's no phones, no nothing. It's time to talk about what happened at school. What did you learn? What did you do?
2.1.6	We all sit at the table at the end of the day.
2.1.7	Family time. I think that has to be more encouraged. I'm sorry. A lot of people I know don't -- their kids are here and there and they're running all the time and they throw hamburgers down their face. And it seems like -- I hate to say this but the poor community almost spends more time at home together than the people who have a little bit of money 'cause they can afford to take their kids soccer one night, baseball and so they're missing out on the action. I think they miss out more than we do. I'd almost rather be poor.

Table 2 (continued)	
2.1.8	We're-we're all connected with our kids. We spend so much time with them. Not-not taking them somewhere and going, you know? When we're in the house cooking and having dinner, I have -- my house at night, there's 10 neighborhood kids that are over every night. And the kids usually eat at my house, the neighbor's house, the other neighbor's house, the other neighbor's house. But we all find time for each other. And I wouldn't give that up for nothing. I wouldn't give that up for winning the lottery.
2.2	The Most Compelling Reason to Teach Children to Cook is so They Will Be Self-Sufficient/Self-Sustaining
2.2.1	I'm sickly so I'm not sure if I'm going to be here, and I just want him to be as prepared as I can have him to be. Because I know I'm not going to be here for as long as he might need me to be.
2.2.2	So they can cook for their family.
2.2.3	I mean we use cooking as a major educational tool at our house.
2.2.4	I cook with my little girl nearly every day. I try to make her part of it. Just letting her stir, measure, mix, pour. I am one of those people who doesn't have to use measuring cups, but I'm teaching her. Sometimes we play our own little cooking show. I want her to be able to fend for herself.
2.2.5	Because I want them to be able to fend for themselves: If something were to ever happen to me I want them to know from the ages they are now until they're adults I want them to be able to learn from now on up how to take care of themselves: That's in every way, not just cooking
3.1	Cost of Healthy, Home-Cooked Family Meals
3.1.1	That's my big issues: You know, you want everybody to get healthy, but then you're gonna make the healthy food higher, but then you're gonna, you know, make the food that's not so good for you, you know, it's cheaper: You know, and if you've got to make your, like if you get stamps, you've got to make them last, you know, it's kind of hard to do that, because I've got two little ones, too.
3.1.2	It is: It's survival food, not necessarily health food, and there's a big difference between the two:
3.1.3	That's really the, I mean it's a lot cheaper to buy the big bag of frosted whatever's than it is to - you know what I'm talking about, than it is to buy the museli, or the whatever: It's so much more expensive to buy the healthier foods: It's cheaper to buy the Vienna sausages than it is to make a roast, and how to budget all that on your food stamps is just, it's ridiculous.

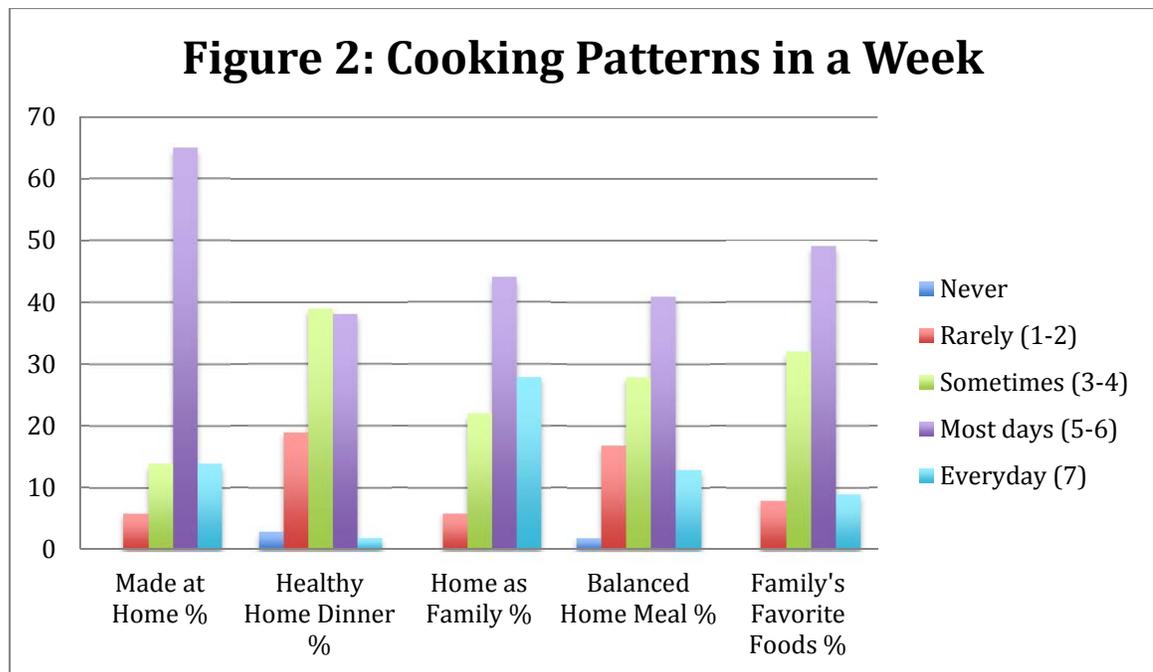
Table 2 (continued)	
3.1.4	Well I think the problem with fast food is that everything that's bad for you is cheap: Everything that is good for you is double in price.
3.1.5	You're buying canned green beans instead of buying the fresh green beans. You're buying canned corn instead of fresh corn.
3.1.6	You have to do that for the month. I mean it's almost like you almost have to say you're going to go with the healthier food.
3.2	Dread of Kitchen Cleanup Following a Meal
3.2.1	Yes, or cans or just fresh stuff, you know, you're cutting it up and you have to throw this away and then you've gotta wash the cutting board again and – and it's a lot of trash.
3.2.2	Oh every time I cook I'm like, "Oh, I gotta wash dishes, too."
3.2.3	I have a dishwasher, but I can't do my pots and pans in there.
3.2.4	I love cooking. I hate the dishes.
3.3	Finding Foods Everyone Likes & Will Eat
3.3.1	That's where I could eat less and healthier, and my husband wants to make sure we have stuff and buy cheaper food, so when we grocery shop, we've had to learn to work together with what we both want.
3.3.2	So we__ if my kids eat, they want peanut butter sandwiches for everything. I try to feed them. They look at the food. They just look at it. And walk off.
3.3.4	And what the terrible thing is, is when you cook and they don't want to eat.
3.3.5	All my family likes is spaghetti.

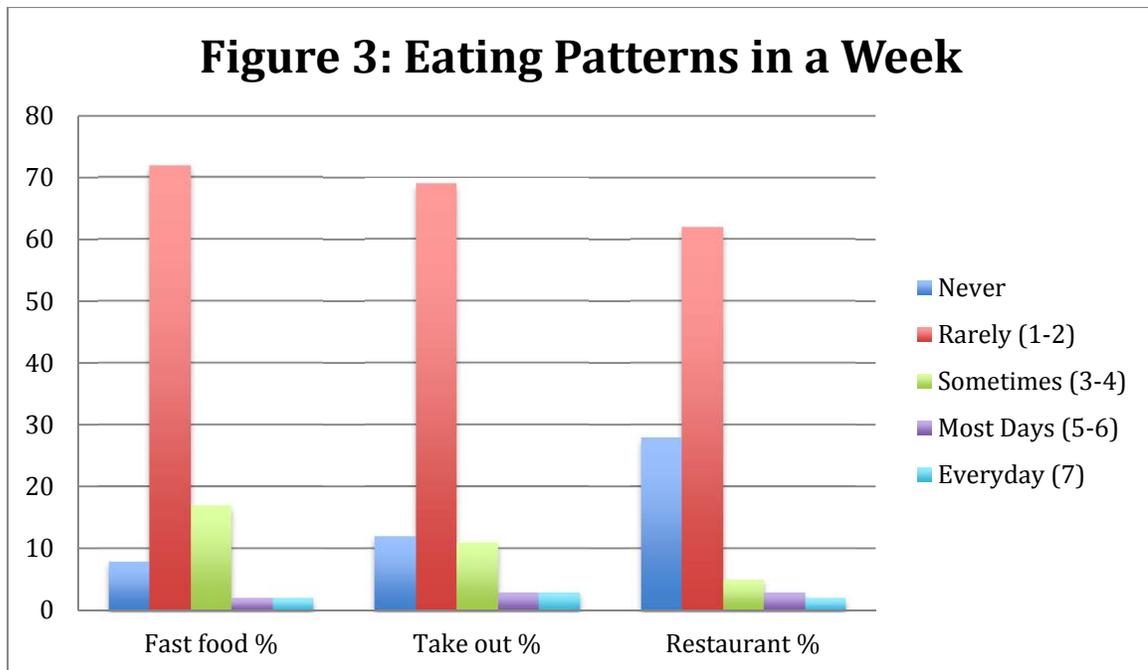
Household Characteristics

Eating and Cooking Patterns in a Week

Data from the written surveys provided substantial additional information regarding common eating and cooking patterns in a normal week for each participant. Sixty-five percent reported eating a dinner made at home most (5-6) days of the week

(Figure 2). With regard to eating a healthy dinner at home, 39% said sometimes (3-4 days) and 38% said most days. In terms of eating together as a family at home, 44% reported doing so most days of the week. Forty-one percent of participants reported eating a balanced meal at home most days of the week, while 28% reported doing so sometimes during the week. Seventy-two percent reported rarely (1-2 days) consuming fast food for dinner during the week (Figure 3). Sixty-two percent of participants reported rarely eating at a sit down, full service restaurant for dinner during the week.





In terms of making dinner from scratch, 31% reported doing so most days of the week, while 31% also reported doing so sometimes throughout the week (Figure 4). Forty-eight percent reported heating packaged, premade foods rarely during the week. Forty-three percent reported using mostly easy-to-prepare, packaged foods during the week. Forty-six percent of women reported rarely using items prepared at a store.

Regarding the frequency of planning meals ahead of time, 34% reported sometimes while 31% reported most of the time (Figure 5). Thirty-one percent stated shopping with a grocery list, while 20% stated almost always shopping with a grocery list. In terms of running out of food before the end of the month; 25% marked sometimes, 23% marked most of the time, and 19% marked seldom ever running out of food. Regarding how often participants thought about healthy food choices when deciding what to feed their family, 35% reported doing so sometimes, and 31% reported doing so most of the time.

Figure 4: Eating Patterns in a Week

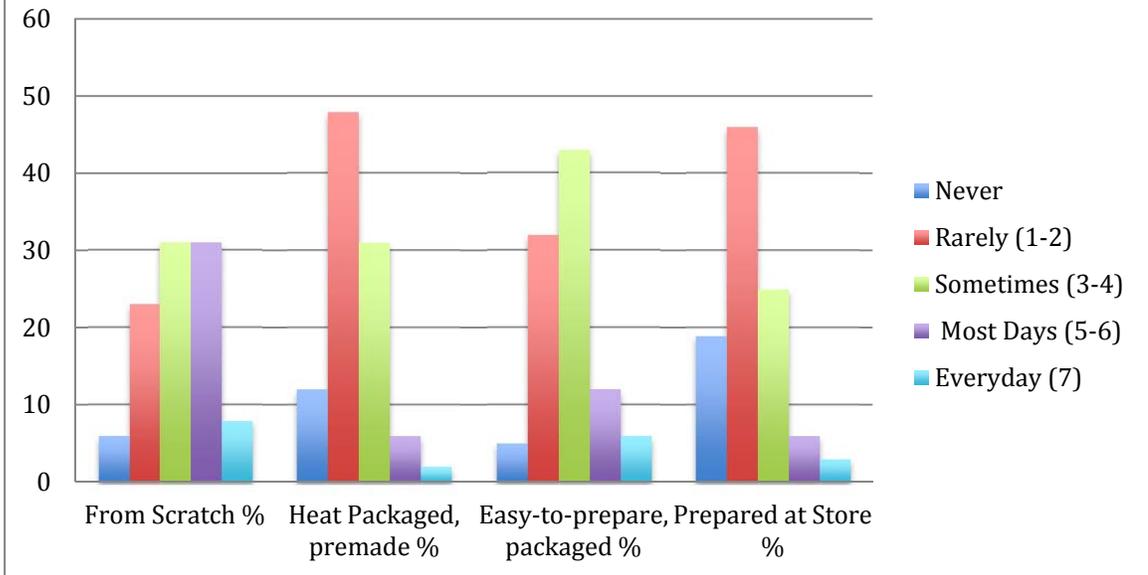
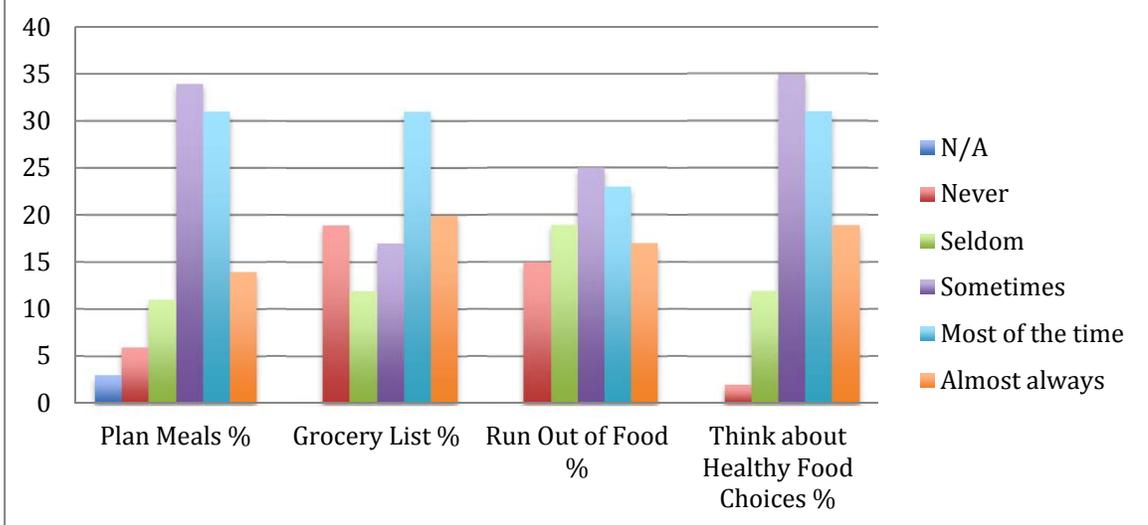


Figure 5: Eating/Cooking Patterns in a Week



Important Meal Characteristics

The written survey also collected information regarding perceived level of importance of various meal characteristics. Seventy-three percent responded with very

important when asked how important it is to have family dinner. Regarding how important it is to be able to buy convenience items prepared at a store, 25% said it was neither important nor unimportant and 22% responded with very unimportant. Fifty-nine percent responded with very important when asked how important it is to eat a healthy meal. Fifty-five percent responded with very important when asked how important it is to serve family's favorite foods. Regarding the level of importance women had towards making dinner at home, 67% responded with very important. Forty-one percent reported making dinner from scratch to be important.

Relative Confidence in Cooking Skills

The questionnaire's assessment of how confident participants were in a certain skill showed the majority of women were most confident in their ability to cook meat, clean up, prepare and serve vegetables, prepare and serve fruit, and shop to have foods needed to make meals (Table 3). Skills women were not as confident in their ability included preparing salad dressings, steaming foods, and sautéing foods.

Table 3: Cooking Skill Averages*	
Cooking Skill	Average
Cook Meat	4.67
Clean Up	4.52
Prepare and Serve Vegetables	4.39
Prepare and Serve Fruit	4.34
Shop to have foods needed to make meals	4.34
Follow a Simple Recipe	4.31
Prepare Eggs	4.30
Prepare and Cook Grains (rice, oatmeal, etc.)	4.16
Prepare Salads	4.14
Plan Meals	4.13
Cook from Basic Ingredients	4.08
Use a Microwave	4.02
Use Leftovers	3.95
Prepare and Cook New Foods and Recipes	3.89
Prepare Pasta Dishes	3.81
Use a Slow Cooker	3.78
Grill	3.67
Prepare One-pot Meals	3.66
Prepare Soup	3.53
Stir-fry	3.48
Taste Foods Have Not Eaten Before	3.45
Sauté	3.17
Steam	3.12
Prepare Salad Dressing	2.91
*Confidence Scale: 1= very low, 2= low, 3= moderate, 4= high, 5= very high	

Relative confidence in cooking skills showed some significant differences between women of metropolitan cities and women of non-metropolitan cities (Table 4). Skills with a P-value below 0.05 included cooking from basic ingredients, preparing and cooking grains, shopping to have the foods needed to make meals, using leftovers, and cleaning up. Working women were more likely than non-working women to be confident in the skill of making salad dressings (Table 5). Married women were more confident in their ability to prepare eggs compared to non-married women (Table 6). Women from

military families reported higher confidence in their ability to serve and prepare fruits and well as make salad dressings compared to non-military families (Table 7).

Table 4: Cooking Skill Confidence Metro/Non-Metro			
Cooking Skill	Metro Mean ± Standard Deviation	Non-metro Mean ± Standard Deviation	P-Value
Basic Ingredients*	4.36 ± 0.99	3.71 ± 1.01	0.013*
Follow a Recipe	4.36 ± 1.22	4.25 ± 0.79	0.679
Taste New Foods	3.31 ± 1.24	3.64 ± 0.95	0.237
Cook New Foods	3.89 ± 1.28	3.89 ± 1.45	0.991
Cook Meat	4.72 ± 0.62	4.61 ± 0.69	0.482
Vegetables	4.50 ± 0.88	4.25 ± 0.97	0.284
Fruit	4.47 ± 0.97	4.18 ± 0.77	0.195
Grains*	4.47 ± 0.88	4.18 ± 0.90	0.004*
Microwave	4.22 ± 1.17	3.75 ± 1.38	0.144
Stir-fry	3.69 ± 1.31	3.21 ± 1.37	0.158
Grill	3.72 ± 1.11	3.61 ± 1.32	0.706
Slow Cooker	3.75 ± 1.42	3.82 ± 1.25	0.834
One-pot	3.58 ± 1.36	3.75 ± 1.24	0.615
Steam	3.36 ± 1.42	2.79 ± 1.40	0.110
Soup	3.36 ± 1.46	3.75 ± 1.30	0.271
Sauté	3.44 ± 1.54	2.82 ± 1.36	0.096
Salads	4.33 ± 0.89	3.89 ± 1.13	0.087
Salad Dressing	3.17 ± 1.48	2.57 ± 1.45	0.113
Pasta	3.75 ± 1.34	3.89 ± 1.03	0.642
Eggs	4.44 ± 1.02	4.11 ± 0.96	0.184
Plan Meals	4.36 ± 1.36	3.82 ± 1.16	0.097
Shop *	4.64 ± 0.64	3.96 ± 1.04	0.002*
Leftovers*	4.28 ± 1.19	3.54 ± 1.37	0.024*
Cleanup*	4.78 ± 0.59	4.18 ± 1.163	0.009*

*Indicates P-value below 0.05

Table 5: Cooking Skill Confidence Working/Non-Working			
Cooking Skill	Working Mean ± Standard Deviation	Non-working Mean ± Standard Deviation	P-Value
Basic Ingredients	4.15 ± 0.93	4.03 ± 1.13	0.635
Follow a Recipe	4.31 ± 1.12	4.32 ± 1.02	0.976
Taste New Foods	3.54 ± 1.21	3.39 ± 1.08	0.620
Cook New Foods	4.04 ± 1.48	3.79 ± 1.23	0.472
Cook Meat	4.58 ± 0.70	4.74 ± 0.60	0.333
Vegetables	4.31 ± 0.97	4.45 ± 0.89	0.555
Fruit	4.38 ± 0.94	4.32 ± 0.87	0.765
Grains	4.12 ± 1.21	4.18 ± 0.90	0.795
Microwave	4.00 ± 1.13	4.03 ± 1.39	0.936
Stir-fry	3.50 ± 1.21	3.47 ± 1.45	0.939
Grill	3.58 ± 1.07	3.74 ± 1.29	0.603
Slow Cooker	3.65 ± 1.36	3.87 ± 1.34	0.533
One-pot	3.46 ± 1.33	3.79 ± 1.28	0.325
Steam	3.04 ± 1.34	3.16 ± 1.50	0.745
Soup	3.50 ± 1.42	3.55 ± 1.39	0.883
Sauté	3.12 ± 1.48	3.21 ± 1.51	0.804
Salads	4.38 ± 0.70	3.97 ± 1.17	0.115
Salad Dressing*	3.35 ± 1.41	2.61 ± 1.48	0.050*
Pasta	3.81 ± 1.33	3.82 ± 1.14	0.979
Eggs	4.42 ± 0.99	4.21 ± 1.02	0.409
Plan Meals	4.19 ± 0.98	4.08 ± 1.48	0.733
Shop	4.50 ± 0.65	4.24 ± 1.03	0.251
Leftovers	4.08 ± 1.23	3.87 ± 1.38	0.537
Cleanup	4.77 ± 0.59	4.34 ± 1.07	0.069

Table 6: Cooking Skill Confidence Married/Non-Married			
Cooking Skill	Married Mean ± Standard Deviation	Non-married Mean ± Standard Deviation	P-Value
Basic Ingredients	3.75 ± 1.33	4.23 ± 0.86	0.090
Follow a Recipe	4.40 ± 1.10	4.27 ± 1.04	0.657
Taste New Foods	3.80 ± 1.15	3.30 ± 1.09	0.097
Cook New Foods	3.90 ± 1.37	3.89 ± 1.35	0.970
Cook Meat	4.80 ± 0.62	4.61 ± 0.66	0.287
Vegetables	4.50 ± 1.10	4.34 ± 0.83	0.525
Fruit	4.40 ± 0.94	4.32 ± 0.88	0.737
Grains	4.20 ± 1.11	4.14 ± 1.00	0.820
Microwave	3.80 ± 1.47	4.11 ± 1.19	0.367
Stir-fry	3.20 ± 1.51	3.61 ± 1.26	0.257
Grill	3.40 ± 1.39	3.80 ± 1.09	0.223
Slow Cooker	3.80 ± 1.28	3.77 ± 1.38	0.939
One-pot	3.80 ± 1.28	3.59 ± 1.32	0.555
Steam	2.90 ± 1.45	3.29 ± 1.42	0.433
Soup	3.60 ± 1.35	3.50 ± 1.42	0.792
Sauté	3.15 ± 1.69	3.18 ± 1.40	0.937
Salads	3.90 ± 1.17	4.25 ± 0.94	0.206
Salad Dressing	2.80 ± 1.61	2.95 ± 1.45	0.703
Pasta	3.95 ± 1.19	3.75 ± 1.22	0.543
Eggs*	4.75 ± 0.55	4.09 ± 1.10	0.014*
Plan Meals	4.10 ± 1.25	4.14 ± 1.32	0.918
Shop	4.30 ± 1.08	4.36 ± 0.81	0.794
Leftovers	3.80 ± 1.44	4.02 ± 1.27	0.534
Cleanup	4.40 ± 1.14	4.57 ± 0.82	0.505

Table 7: Cooking Skill Confidence Military/Non-Military			
Cooking Skill	Military Mean ± Standard Deviation	Non-military Mean ± Standard Deviation	P-Value
Basic Ingredients	4.22 ± 1.09	4.05 ± 1.04	0.659
Follow a Recipe	4.22 ± 1.20	4.33 ± 1.04	0.784
Taste New Foods	3.44 ± 1.01	3.45 ± 1.15	0.980
Cook New Foods	4.56 ± 2.07	3.78 ± 1.18	0.111
Cook Meat	4.78 ± 0.67	4.65 ± 0.65	0.598
Vegetables	4.33 ± 0.87	4.40 ± 0.94	0.842
Fruit*	5.00 ± 0.00	4.24 ± 0.92	0.016*
Grains	4.22 ± 1.30	4.15 ± 0.10	0.837
Microwave	3.67 ± 1.50	4.07 ± 1.25	0.381
Stir-fry	4.22 ± 1.30	3.36 ± 1.32	0.076
Grill	3.78 ± 1.30	3.65 ± 1.19	0.777
Slow Cooker	4.11 ± 1.05	3.73 ± 1.38	0.430
One-pot	4.11 ± 0.93	3.58 ± 1.34	0.261
Steam	3.89 ± 1.27	2.98 ± 1.42	0.077
Soup	3.67 ± 1.58	3.51 ± 1.37	0.756
Sauté	3.56 ± 1.74	3.11 ± 1.45	0.408
Salads	4.56 ± 0.73	4.07 ± 1.05	0.191
Salad Dressing*	4.11 ± 1.05	2.71 ± 1.46	0.008*
Pasta	3.89 ± 1.17	3.80 ± 1.22	0.840
Eggs	4.56 ± 0.88	4.25 ± 1.02	0.408
Plan Meals	4.11 ± 0.05	4.13 ± 1.33	0.973
Shop	4.44 ± 0.73	4.33 ± 0.92	0.719
Leftovers	3.33 ± 1.59	4.05 ± 1.25	0.128
Cleanup	4.78 ± 0.67	4.47 ± 0.96	0.364

Internet and Social Media Use

Seventy-seven percent of women in this study reported having Internet access at home. Seventy percent reported accessing Internet at home most often, while less frequent locations included the library and a friend or family's home. Frequency of the specific device used to access the Internet found 73% to use a computer and 63% to use a phone. Sixty percent of women reported using the Internet every day of the week. Seventy-seven percent of women reported searching for recipes on the Internet. In

regards to social media; 81% of women reported using Facebook, 52% email, and 42% YouTube.

Chapter 5

Discussion

Learning More About Preparing Healthy, Home-Cooked Family Meals

Women in this study reported possessing a solid foundation of skill and knowledge related to cooking. With regard to cooking in a healthful manner, women appeared eager and willing to learn more. Participants showed great reception to the idea of eating healthy, however perceived it as being difficult to attain. Previous studies, such as *It's Dinnertime*, showed similar results which are confirmed by our research. Participants want to eat healthy to better the lives of themselves and family members, yet seem overwhelmed with how to budget, what to buy, and how to prepare certain foods. Results from focus group discussion are promising and insightful. Contrary to some of the previous literature, women in this study were not resistant to opportunities to learn healthy cooking skills. Women in this study were open-minded and receptive to healthful cooking methods. Adding flavor to foods without added fat and salt seems to be a primary obstacle. Previous intervention programs have shown success in addressing this issue, showing positive nutrient-level outcomes through a reduction of percent of calories from fat (Fulkerson et al., 2010). Preparation of food through frying was also popular among women. A substantial amount of conversation addressed a desire to change unhealthy cooking preparation practices.

Participants in this study described cooking at home and connectedness with family as one in the same. Women in this study want to learn how to cook healthier as an act of love for their family. Mothers were greatly interested in cooking classes involving family and community members. Cooking is one of the few chores capable of translating

to enjoyment and fun, giving it great potential for women to view in a more positive light. Previous intervention programs have shown success in involving children and reported food preparation skills as well as increased self-efficacy in children.

Women were especially responsive to classes reflecting simple solutions to the problems they face. Previous intervention programs have taken note of these issues as well, and have shown success by offering lessons on proper knife skills, recipe substitutions, timesaving techniques, and flavor development (Condrasky et al., 2010). Repeated mention of child safety concerns serves as a promising promotional aspect in offering not only cooking classes but also classes that take the time to address proper technique, sanitation, and safety guidelines.

Former research has reported a deficit in food preparation knowledge as well as level of skill (Condrasky et al., 2010). Results from this study show a relatively high degree of proficiency in common cooking skills. Focus group discussion supported these results with consistent mention of frequent cooking at home.

Earlier studies have shown success in addressing techniques helping families develop strategies for quick, nutritious meals, manage food resources, feel more confident in food preparation knowledge and ability, and improve nutrient composition (Condrasky et al., 2010). Aside from the related literature supporting these factors, results from this study show a higher need for management of food dollar funds and a less emphasized focus on confidence in food preparation knowledge and ability. Though most all of the previous interventions performed have shown success through offering cooking skill education, there is a lack of information of a fundamental budgeting strategy to properly employ. Women in this study proved an ability and acceptance to cooking at

home. A need for additional preparation methods and healthier recipe substitutions was apparent, however increasing these factors is ineffective if women are unable to properly budget and buy the necessary ingredients on their own. A multidimensional intervention program including children, safety and sanitation lessons, a large focus on budgeting food dollars, as well as taste testing and hands on cooking would offer the most beneficial use of time for participants.

The Important Relationship of Families and Cooking

Women in this study placed a great amount of emphasis on eating together as a family. More than half of the participants reported eating dinner together as a family at home five to seven days a week. Only 2% reported eating fast food most days of the week. This finding is inconsistent with some studies reporting that everyone in the family often fixes something different for a main meal on work-days as well as frequent meals eaten at fast-food restaurants (Blake et al., 2011). Perceived importance of family mealtime was notably high. Fifty-nine percent and 22% ranked eating together as a family as very important and important, respectively. Food is not abundant to women in this study; sitting down and appreciating the food on the table and one another's company is portrayed as an act of gratefulness. Women in this study readily incorporate family mealtime into their lives.

Participants valued cooking as being essential to living. Women portrayed teaching children how to cook as an act of responsible motherhood. Women want their children to cook in order to be self-sufficient and capable. Women also placed great emphasis on preferring home cooking due to control of cleanliness. Desired self-efficacy

for children through cooking also encompasses learning opportunities for cleanliness and safety capabilities. Effective intervention programs have noted the desired increase of self-efficacy for children from parents and have shown success through educational lessons covering meal planning activities and hands-on cooking guidance (Condrasky et al., 2010).

Barriers to Healthy, Home-Cooked Family Meals

The cost of healthy foods and diminishing resources for food purchases was a constant undertone in all focus group conversations. This finding is conclusive with previous research reporting a lack of funds was a reoccurring theme throughout studies (Darko et al., 2013). Our study found a lack of funds did not necessarily equate to eating away from home. Previous studies on SNAP participants reported higher stress levels leading to lower frequency of grocery shopping and increased consumption of prepared food (Jilcott et al. 2011). Results of this study contrast with these findings, showing only 3% of participants reported using items prepared in a store everyday of the week. To further support our finding, 46% reported rarely (1-2 times per week) using prepared food items, and 19% reported never using prepared food items.

Nevertheless, in order to prepare foods at home that are healthful and nutritious, higher food prices pose a significant barrier. This finding is supported by previous studies showing individuals with available financial means were shown to more specifically seek out healthier options (Hirsch & Hillier, 2013). Women in this study perceived eating healthy as a privilege. Previous research has shown the increased level of household food insecurity when households using SNAP are unable to meet their dietary needs by the end

of the month (Darko et al., 2013). Prior research has noted the increased use of packaged and canned foods at the end of the month due to a lack of funds to purchase other foods (Darko et al., 2013). This study showed a prevalence of participants running out of food before the end of the month, however no note of increased packaged and canned foods to accommodate the issue was apparent.

Recurrent complaints associated with cleanup reflected the idea of cooking as a task rather than a pleasure. This finding is supported in the literature showing people consider cooking primarily as a household chore that needs to be accomplished (Daniels et al., 2012). Cleanup poses as a difficult barrier to overcome when promoting cooking at home due to its overall lack of appeal. One promising finding in our study; the generally accepted opinion that restaurants are unclean, suggests the performed chore outweighs the associated convenience of eating away from home. An aspect of cleanup with potential for appeal could also be the encouragement of involving children in the process in order to attain the child responsibility so many of these women desire. An admiration for celebrity chefs who clean as they cook was expressed.

The amount of effort, time, and cost cooking requires, coupled with the possibility of children refusing to eat, contributes to the negative connotations associated with cooking at home. This study is consistent with others citing the frustration associated with preparing foods everyone in the house will enjoy. Other research has shown the father's or the children's preferences in a household determined the vegetable served at dinner (Brown & Wenrich, 2012). Our finding of participants preparing multiple dishes to accommodate family members is also supported in previous literature. Prior studies

have noted the popularity of individualized meals and have further shown its association with lower diet quality (Kramer et al., 2012).

Limitations

Findings of this study may be limited in that only eight counties were used to represent rural versus urban, military families, married versus non-married, and working versus nonworking. By design, the study explored in depth the residents of only Kentucky. Recruitment in some counties was problematic, and likely not representative of the larger target audience. One county had only three participants due to a lack of willing recruits. Recruitment was purposive rather than random. Additional limitations were that mealtimes were not actually observed.

Conclusions

The qualitative and quantitative data findings of this study provide insight regarding the four initially targeted behaviors:

- i.) **Where** families purchase foods
- ii.) The **types of foods** families purchase
- iii.) Family **cooking skills and habits**
- iv.) Family **time management**

Data from this study show families primarily purchase food at grocery stores.

Unexpectedly, fast-food consumption was exceptionally low. Further reinforcing the prevalence of home cooking, the types of food families purchase are foods requiring some level of cooking skill. Ready-to-eat foods were uncommon for women in this study.

Cooking skills and habits also exceeded the anticipated level. Women reported strong confidence in multiple cooking skills and discussion of common cooking practices highlighted their frequent use of such skills. Aside from the additional effort cooking at home requires, women reported managing time efficiently in order to prepare home-cooked meals most days of the week.

Emergent findings from this study include the high level of importance placed on family time. Women cook to feed their children and designate dinnertime as family time. Family time was perceived as important through eating together as a family, as well as cooking together. Participants perceived teaching children how to cook as a fundamental tool in creating self-sustaining and self-sustaining children. Additional emergent findings from this study indicate most women have access to the Internet and use the Internet. Furthermore, women use the Internet to search for recipes and cooking inspiration. Additional information and skills regarding food shopping to acquire healthy, affordable foods are desired.

Findings from this study are indicative of an evolving health-conscious society. Women not only understood why they should eat healthy but also actually have a desire to eat healthy. Family, health, and finances are all major concerns for women in this study and are all related to cooking. Results from this study show that cooking is a chore but also a major aspect of physical health and emotional wellbeing. The proportion of this population who report chronic health concerns provides a potential way to encourage healthier cooking for not only children's health but for the women as well.

Appendices

Appendix A: Recruitment Flyer

UNIVERSITY OF KENTUCKY RESEARCH

Would you like to be in a study about home cooking in Kentucky?

Researchers at the University of Kentucky's Nutrition Education Programs are doing a study to learn about home-cooked family meals. The purpose of this study is to learn more about family meal practices from women who are willing to share their stories of making meals for their families.

If you can answer "yes" to the following questions, you may be able to join our study:

- Do you speak English?
- Are you a woman who is not pregnant or breastfeeding?
- Are you 21 to 49 years old?
- Do you have one or more children that are 6 to 18 years old?
- Are you eligible to get food stamps or are you getting them now?
- Are you able to cook?

You will get a \$25 gift card if you come on time to this meeting at your Cooperative Extension office and stay until it ends, no more than 90 minutes.

To join or to learn more, call
Becky Freeman at 855-243-2324.



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SNAP-ED AGNF-002_flyer#

Appendix B: County Recruitment Table

County Name	Number of participants	General Description*	County pop**	%below poverty**	%county receiving SNAP**,***	Recruitment observations
County A	12	Western Metro-Countries in metro areas of 250,000 to 1 million population or more	75,427	21.10%	16.9	Active Cooperative Extension paraprofessional shared the recruitment flyer with relevant inner agencies and community sources. Research staff also posted at the Family Support office, Housing Authority, groceries and convenient stores, etc. Research staff emailed the recruitment flyer to several FRYSC, YMCA coordinator, and local charitable missions. Several door to door recruitment efforts in low income housing complexes provided almost all of the participants in this county.
County B	9	Central Metro-Countries in metro areas of 250,000 to 1 million population or more	305,489	17.90%	12.8	The county Cooperative Extension agent referred study's recruitment efforts to a local Family Resource Coordinator (FRYSC) at an elementary school in the county. FRYSC posted the flyer at the school and urged low families to call the research coordinator for information and to enroll. Also, door to door recruitment was successful in the low income housing in close proximity to the school. There was a significant amount of interest in the discussion. Besides the nine that participated, three additional women arrived willing to participate; however, it was too late to enter the discussion. The YMCA and project coordinator provided childcare to facilitate
County C	7	Central Metro-Countries in metro areas of 250,000 to 1 million population or more	107,025	14.10%	14.1	Research team posted at Family Support office, Childcare Council, local groceries, library, childcare centers, etc. Met with a Family Resource Coordinator who sent flyers home with students and then issued a 'One Call' to remind parents to check their child's bag for a recruitment flyer. Also left flyers with a local soup kitchen, Family Support office, and several relevant program coordinators working in the local health department. Door to door canvassing in low income housing provided the most success.
County D	8	Western Nonmetro- Completely rural or less than 2,500 urban population adjacent to a metro area	18,366	23.40%	23.9	Active county Cooperative Extension agent and paraprofessional posted the flyer at inner agencies that work with low resource families. Flyers were also posted by research staff at Family Support office, Health department, local groceries and dollar stores. In-person recruitment at the GED office. Majority of participants were enrolled during door to door recruitment in low income housing complex.
County E	8	Central Metro-Countries in metro areas of 1 million population or more	750,828	15.70%	18.4	Cooperative Extension agent posted at the community college. In addition, research staff posted at local Neighborhood Place, Addiction Recovery center, convenience stores, churches, community centers and boards that were located in close proximity to the meeting place. Also helpful, were phone calls and follow-up emails to local food banks and FRYSCs who sent recruitment flyers home with students. Door to door recruitment at the Family Scholar house, a low income residential community that assists single parents working towards a higher
County F	10	Eastern Nonmetro-Urban population of 2,500 to 19,999 not adjacent to a metro area	18,069	29.80%	37.4	Active Cooperative Extension agent and paraprofessional who reported posting the flyer at inner agencies (i.e., local food bank, Christian Cares, Community Action, local radio station and all the family resource coordinators) and throughout the county. Research staff also posted at the Family Support office, Health department, local grocery and convenience stores, library, etc. Door to door at several low income housing projects helped to enroll many participants. As well as, in-person recruitment at a local ministry center that provided hot meals for the
County G	7	Eastern Nonmetro-Urban population of 2,500 to 19,999 not adjacent to a metro area	28,241	26.40%	37.9	Recruitment flyers were emailed to the Cooperative Extension agent, Family Resource Center Coordinators, Community Ministries, Kentucky Mountain Health Alliance, U.K. Center of Excellence in Rural Health. Flyers were posted at the Family Support office, health clinics, library, community college, and local groceries. It took several days of enlisting door to door in low income housing areas, mobile home parks, and neighborhoods in close proximity to the Extension office. Posted on local Facebook pages, including the newspaper, county swapshop,
County H	3	Eastern Nonmetro-Urban population of 2,500 to 19,999 not adjacent to a metro area	23,447	29%	22.9	Flyers were sent to county Cooperative Extension agent who posted one at the library. Then flyers were posted by research staff at Family Support office, Health department, laundromat, local groceries and dollar stores, around Morehead University campus, etc. A Family Resource Coordinator from the public school agreed to post flyers at the school and sent an email to families with the approved flyer attached. Extensive door to door canvassing in low income housing and neighborhoods provided the most contacts. Research staff created a Facebook page with approved flyer information and sent to Rowan county residents to share. In particular, page was sent to an active member of the community who shared with a woman's group among others. Plus, created an Eastern Kentucky Craigslist postings for selected counties.

Appendix C: Telephone Screening Script

Recruitment Telephone Script for SNAP-Ed Social Marketing Study

Hi - My name is XXX XXXX and I am a project coordinator for a study at the University of Kentucky. I would like to talk to you about joining this study. It's about home-cooked family meals for people who are eligible for SNAP benefits. To do this, we are inviting SNAP eligible women to join us for a focus group meeting. This group will include 8-10 women and a host who will guide the conversation. You will be asked to talk freely about your thoughts about cooking at home. You will also be asked to fill out questionnaires. The information you share will help the research team to better understand home cooking in Kentucky. This meeting will last an hour and a half, and you will be given a \$25.00 gift card for your time. We will plan to have it at the Cooperative Extension office within your county.

Are you interested in joining? Remember, you can choose to be in the study or not. If you don't want to, you do not have to. It will not affect your SNAP benefits or any services you might get at the [their county] Extension Office. *[If "YES" proceed; if "NO" thank them for their time and end recruitment].*

Great! I'd like to ask you a few questions to see if you qualify. This information will be kept confidential. Is this O.K.? *[If "YES" proceed to Screening Questions; if "NO" thank them for their time and end recruitment].*

What is your name?

What county do you live in?

Have you participated in [their county] Extension food and nutrition programs? Or are you now?

How old are you?

Are you pregnant or breastfeeding at this time?

Do you have at least one child between the ages of 6 to 18 years old?

How many are in your household?

Are you currently working (unemployed, fulltime, part-time/student)?

Do you qualify for food stamps or are you getting them now? *[If the caller is unsure, proceed with next questions].* What is your monthly household income? See eligibility chart.

What is the best phone number for me to reach you at for a reminder call or in case the meeting is rescheduled?

[If the caller is qualified, proceed; if not, thank them for their time and end recruitment] It looks like you are qualified to join our group. You will be meeting at *[describe location and time of focus group meeting specific to caller's county]*.

Do you have any questions for me at this time? And, please feel free to tell other women you know about the study in case they would like to join also.

I'll plan on calling you a day or two ahead of the meeting just as a reminder.

Thank you so much *[caller's name]*!

Appendix D: Focus Group Protocol

Opening Warm up Questions

1. Please tell us your first name and the ages of your children.
2. What are your favorite homemade foods?

Introductory Questions

3. Who does the cooking in your household?
4. If you are the person who cooks in your household, where did you learn to cook?
5. What 's good about cooking at home?
6. What's hard about cooking at home?

Transition Questions

7. Tells us about any times you've had cooked with your children?
8. When you think about cooking at home what comes to mind?
9. Tell us about good times you've had cooking at home.
10. Tell us about hard times you've had cooking at home.

Key Questions

11. What would help you cook at home more often?
12. What would you like to know about stocking your kitchen with staple foods to make home cooking easier?
13. Who would you most like to learn cooking from? Offer these options if they don't come up with them—a chef, a nutritionist, a friend, a family, good cook in the community.
14. What's the easiest way to make learning more about cooking happen for you? Parent or other family member, neighbor, friend, community classes, online resources, videos, books, mailings, email, text, FB, Twitter? *Could be pen and paper survey*
15. Would you like your children to learn to cook?
16. Would you like to cook with your children? Tell me more.
17. What advice do you have for us about the best ways to encourage people to cook more healthy food at home?
18. There is a 6 week class for families called Cooking Matters taught by a professional chef. At the end of every class the group eats a meal together and participants are given the class recipes and groceries to take home to make the recipes that were made in class. If this were offered in your community how likely would you be to take it?
 - ✓ Would you be more likely to take it with or without your children?

- ✓ Where would you most like to take it? Restaurant, church, school, someone's home, community center?

Ending Questions

19. What one change would make the most difference in helping you cook at home more often?
20. Have we missed anything?

Appendix E: Questionnaire



Ed Home-Cooked Family Meals Project

COOPERATIVE
EXTENSION
SERVICE

UK
UNIVERSITY OF
KENTUCKY
College of Agriculture,
Food and Environment

1. Please print your first name

2. How old are you?

- 21 years old to 27 years old _____
- 28 years old to 34 years old _____
- 35 years old to 41 years old _____
- 42 years old to 49 years old _____

3. Are you currently working? Check all that apply.

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work
- A homemaker
- A student
- Military
- Retired
- Unable to work

4. What is your marital status?

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated

5. Do you have any one in your immediate family currently serving in the military?

- Yes
- No

6. What are the ages of the children in your household? Check all that apply, and then write number of children per age group.

- 1 month to 3 years old _____

- 4 years old to 7 years old _____
- 8 years old to 12 years old _____
- 13 years old to 18 years old _____

These questions are about your computer use. Please check all that apply to you.

7. Do you have Internet access at home?

- Yes
- No

8. Where do you access the Internet most often?

- | | |
|--|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Library |
| <input type="checkbox"/> Work | <input type="checkbox"/> Other |
| <input type="checkbox"/> Friends' and/or family's home | <input type="checkbox"/> I do not use the Internet |
| <input type="checkbox"/> Church | |

9. Which of these do you use to access the Internet?

- Computer
- Phone
- Tablet
- Other
- Does not apply

10. How often do you use the Internet in a week?

- Never
- Rarely (1-2)
- Sometimes (3-4)
- Most days (5-6)
- Every day (7)

11. Do you search for recipes on the Internet?

- Yes
- No
- Does not apply

12. Which do you use on the Internet?

- | | | |
|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> YouTube | <input type="checkbox"/> RSS Feed |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Cooking Blogs | <input type="checkbox"/> Tumblr |
| <input type="checkbox"/> Email | <input type="checkbox"/> Pinterest | <input type="checkbox"/> Instagram |

Other

Does not apply

This question is about your television use.

13. Do you watch cooking shows on television? If so, which ones?

Yes Please list.

No

14. Please circle the number on the scale below that best describes you.



Cannot Cook at all
Chef

Celebrity

1 2 3 4 5 6 7 8 9 10

Please mark how **confident** you are in your ability to:

- 15. Cook from basic ingredients*
- 16. Follow a simple recipe
- 17. Taste foods that you have not eaten before
- 18. Prepare and cook new foods and recipes
- 19. Cook meat
- 20. Prepare and serve vegetables
- 21. Prepare and serve fruit
- 22. Prepare and cook grains (rice, oatmeal, etc.)
- 23. Use a microwave
- 24. Stir-fry
- 25. Grill
- 26. Use a slow cooker
- 27. Prepare one-pot meals
- 28. Steam
- 29. Prepare soup
- 30. Sauté
- 31. Prepare salads
- 32. Prepare salad dressing
- 33. Prepare pasta dishes
- 34. Prepare eggs
- 35. Plan meals
- 36. Shop to have the foods you need to make meals
- 37. Use leftovers
- 38. Clean up

	Very low	Low	Moderate	High	Very high
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43. How many nights a week out of seven do you eat a **balanced* meal at home?**

- Never
- Rarely (1-2)
- Sometimes (3-4)
- Most days (5-6)
- Everyday (7)

45. How many nights a week out of seven do you **include the family's favorite foods in dinner at home?**

- Never
- Rarely (1-2)
- Sometimes (3-4)
- Most days (5-6)
- Everyday (7)

*please see separate sheet for definitions

40. How many nights a week out of seven do you eat a **healthy* dinner at home?**

- Never
- Rarely (1-2)
- Sometimes (3-4)
- Most days (5-6)
- Everyday (7)

42. How many nights a week out of seven do you eat **fast food** for dinner?

- Never
- Rarely (1-2)
- Sometimes (3-4)
- Most days (5-6)
- Everyday (7)

44. How many nights a week out of seven do you eat **take out** for dinner?

- Never
- Rarely (1-2)
- Sometimes (3-4)
- Most days (5-6)
- Everyday (7)

46. How many nights a week out of seven do you eat at a **sit down, full service restaurant** for dinner?

- Never
- Rarely (1-2)
- Sometimes (3-4)
- Most days (5-6)
- Everyday (7)

Please mark **how often** this applies to you in a week.

47. How often do you make dinner from **scratch*?**

- Never
- Rarely (1-2)
- Sometimes (3-4)
- Most days (5-6)
- Everyday (7)

- Never
- Rarely (1-2)
- Sometimes (3-4)
- Most days (5-6)
- Everyday (7)

49. How often do you use mostly **easy-to-prepare, packaged foods*?**

48. How often do you **heat packaged, premade foods*?**

- Never
- Rarely (1-2)

- Sometimes (3-4)
- Most days (5-6)
- Everyday (7)

50. How often do you use items **prepared at a store?**

51. How often do you **plan meals** ahead of time?

- N/A
- Never
- Seldom
- Sometimes
- Most of the time
- Almost always

53. How often do you **run out of food** before the end of the month?

- N/A
- Never
- Seldom
- Sometimes
- Most of the time
- Almost always

- Never
- Rarely (1-2)
- Sometimes (3-4)
- Most days (5-6)
- Everyday (7)

52. How often do you **shop with a grocery list?**

- N/A
- Never
- Seldom
- Sometimes
- Most of the time
- Almost always

54. When deciding what to feed your family how often do you think about **healthy food choices?**

- N/A
- Never
- Seldom
- Sometimes
- Most of the time
- Almost Always

*please see separate sheet for definitions

Please mark **how important** these are to you.

55. How important to you is it to have **a family dinner?**

- Very Important
- Important
- Neither Important or Unimportant
- Unimportant
- Very Unimportant

- Neither Important or Unimportant
- Unimportant
- Very Unimportant

57. How important is it to eat a **healthy meal?**

- Very Important
- Important

59. How important is it to **make dinner at home?**

- Very Important
- Important
- Neither Important or Unimportant
- Unimportant
- Very Unimportant

56. How important is it to **be able to buy convenience items* prepared at a store?**

- Very Important
- Important
- Neither Important or Unimportant
- Unimportant
- Very Unimportant

58. How important is it to include the **family's favorite foods?**

- Very Important

- Important
- Neither Important or Unimportant
- Unimportant
- Very Unimportant

60. How important is it to make dinner from **scratch?**

- Very Important
- Important
- Neither Important or Unimportant
- Unimportant
- Very Unimportant

*please see separate sheet for definitions

Thank you for your participation!



USDA is an equal opportunity provider and employer.”

“This project was funded by USDA’s Supplemental Nutrition Assistance Program – SNAP.

Appendix F: Codebook

Name	Description
Barriers to cooking healthy at home	Top problems that can keep you from cooking at home or what you find hard about cooking
Cleanup	Cleaning up from the preparation and service of homemade meal. Dishes, trash, wipe down counters, table, etc.
Cooking enough	Not knowing how many people to prepare dinner for
Cost	Expensive cost of gathering all the ingredients needed to make the dish at home. Cheaper to buy dollar menu then to cook full meal
Criticism	Others expression of disapproval of the prepared food and/or meal, people don't appreciate your meals
Don't enjoy it	Participant does not take pleasure in cooking
Effort	Convenience, too tired
Exhausted	Drained of one's physical or mental resources; very tired or fatigue
Finding foods everyone in family will eat	Preparing and serving food that everyone sharing the meal will eat without opposition.
Getting everyone to sit together because of schedules	Busy and/or conflicting scheduled activities including work make it difficult to organize a shared meal time
Grief	Deep sorrow, esp. that is caused by someone's death. Death of family member may keep participant from cooking certain dishes, cooking for holidays or occasions, etc
Having enough food	Having as much food is needed to prepare meal or feed the family over a duration of time, cooking enough
Illness	A disease or period of sickness affecting the body or mind
Child or children sick	Participant's child or children doesn't feel well or has a health condition
Family Member	Another person in the family besides self or child is sick and it keeps participant from cooking or effects what they cook
Self	participant doesn't feel well or has a health condition
Ingredients, don't have what's needed	
Kitchen equipment and facilities	Equipment needed to prepare meals, ie pots and pans, knives, working appliances, etc
Lack of Control of the kids	Difficulty supervising children, keeping kids safe, keeping kids from fighting, kids in the way when cooking

Leftovers and waste	Food that is remaining after a meal is served. Usually reheated and served at an additional meal time or reconstructed to create a new meal. In the case of what are barriers to cooking at home, participants reported they did not enjoy eating leftovers and the waste of food is frustrating.
Living Conditions	Limited living space, no counter space, living on third floor, small kitchen, no stove
Meal planning	
No Need	Participant reports no need to work because either no one else is around at the time (kids grown) or someone else is cooking
Time	Don't feel like you have enough time, other responsibilities take time such as school and work, running kids, scheduling, in a hurry
Want to eat out	Wanting to pick up or eat at an establishment that prepares the food for you (fast food, sit down restaurant, convenience store)
Kids want to eat out	Participant's child or children want to eat at or pick up food from an establishment that prepares the food for you
Self	Participant wants to eat out
Work	Women expressed that work kept them from cooking at home.
Cooking with Children	Any times the woman has cooked with her children #9
Foods your child likes to cook independently	Child is capable of making the food on their own
Beans	Baked beans
Breakfast foods	Eggs, pancakes and sausage
Casserole	
Meat	
One pot	Chili, other stews
Pancakes	
Pasta	Ramen noodles, noodles, spaghetti, mac and cheese, lasagna
Popcorn	Microwave popcorn
Sweets	
Vegetables	Kids like to cook vegetables (this includes all vegetables, even greens)
How do children learn to cook in the kitchen	Participants share different learning styles that teach their children how to cook
Instruction	Child is given instruction to learn how to prepare a dish
Observation	Children watch their mother or other person cook to learn about cooking.
Trial and error	Children get in the kitchen and just try different things

	in attempt to learn how to cook.
Reasons you do not cook with your child	Reasons the participant does not allow the child to cook independently or why the participant does not want or like to cook with their child or children
Child cooks nasty foods	Participant would not want to eat what the child might fix because she believes he would cook something that tastes bad
Child or children too young	Participant reports that the reason they do not cook with their children is because the child is too young
Child or children's behavior	Children are being difficult to control, rowdy or have a bad attitude.
Children are dirty	"Dirty creatures" from playing
Children are messy	Mess that children make when cooking makes the participant not want to cook with them.
Children don't like or want to cook	
Don't have time or patience to cook with child	Participant does not want to cook with the child at the time because the participant does not have the time or patience to at that time
Its not safe	Participant is concerned with the safety issues related to cooking that the child or children could encounter
Reasons you would like to cook with child	Reasons you would like to cook with child
Act of love	Cooking performed as a way of expressing love
Application to math	Many women homeschool and reported that cooking offers an opportunity to teach fractions
Children cleaning	A reason that participants mentioned was that children will help with the cleaning. For example, my son likes washing the dishes
Child's interest	Child expresses an interest or curiosity in cooking and this is a reason the participant wants to cook with children
Create Memories	Opportunity to share positive activity with child that they can remember at a future time
Enjoyment	Participant reports finding pleasure in cooking with child or children
Family Time	Spending time with family
Future Opportunity in Culinary Arts	Cooking and teaching children to cook to give them an professional opportunity when they are grown up. "Maybe they can be culinary or something."
Pass down family recipe	Teach children traditional family recipes
Safety	So they don't burn the house down
Save time	Allowing the kids to cook saves time since they can get it started or cook when your not home yet
Self-sustaining	So the child or children can prepare themselves a

	healthy meal, fend for himself, self sufficient
So they can cook for me sometimes	A reason to teach child or children to cook is so that they will share in the meal preparations for the family. Some said to pass the buck, have them help out sometimes or more.
Teach responsibility	Teaches the child responsibility because they have to be mindful of the stove, treat foods appropriately, learn healthy eating habits, use knives with care, etc.
What children like to do while cooking with you	Foods or meals that children help you prepare or cook, prep work such as chopping vegetables, opening canned goods etc
Chicken	Prepare chicken, dip into batter
Clean up	Child enjoys cleaning up cooking and prep mess, washing dishes
Cook meat	
Cooking Noodles	Ramen, and other packaged and flavored noodles
Make Eggs	Letting the child crack the egg or scramble
Make grilled cheese	Cheese sandwich that is heated so that the bread toasts and the cheese melts
Make Sweets	Foods generally containing a lot of sugar or sugar substitute, ie candies, cakes, cookies
Make vegetables	Help make/prepare certian vegetables
Making Pizza	Homemade pizza
Prep work	Opening canned goods, chopping vegetables, measuring, stirring and other foods
What foods will your children eat	Foods children enjoy eating with little or no complaints
Breakfast Foods	
Chicken	
Cornbread	
Greens	Leafy vegetables ie collard greens, mustard greens, etc usually prepared with pork seasoning; considered Southern dish
Grilled cheese	Cheese sandwich that is heated so that the bread toasts and the cheese melts
Macaroni and cheese	
Meat	steak, meatloaf, hotdogs
Pasta	
Pizza	
Seafood	Fish, shrimp
Sweets	
TV dinners	frozen premade meal
Vegetables	including mash potatoes
Eating Out	Eating prepared food purchased through a drive through restaurant or served at a sit down restaurant

Cons	Negative aspects of eating out
Pros	Reasons participants reported that eating out was a better decision at times than preparing a healthy meal at home
Favorite homemade foods	Homemade foods the participant likes to eat
Asian Foods	Chinese food such as fried rice
Barbecue	Foods cooked, roasted or grilled heavily seasoned with sauce that's usually spicy sweet sour based on catsup or chili sauce, ie brbq
Breakfast	Meals that are typically eaten in the morning, ie sausage and biscuits, egg burrito
Chicken	Any meal where chicken is the main dish, i.e. chicken and dressing, chicken and dumplings, etc.
Cornbread	Type of bread made from cornmeal
Eggs	Eggs prepared in any fashion ie poached, scrambled, fried, omelet, etc
Greens	Leafy vegetables ie collard greens, mustard greens, etc usually prepared with pork seasoning; considered Southern dish
Grilled Cheese	Cheese sandwich that is heated so that the bread toasts and the cheese melts
Grilled Foods	Foods cooked on the grill, ie grilled chicken
Indian	Indian curry
Meat	Dish where animal flesh is eaten as main course. Including pork, beef, neck bones, sausages, etc Dishes such as meatloaf, steak, pot roast, stew, pork chops
Mexican	Cuisine that usually includes basic staples such as corn, beans, and chili peppers. Popular choices are salsa, tacos, burritos, tortillas, nachos, etc.
One pot	Meals made in one pot, ie stew, chili, shepherd's pie, etc
Pasta	Lasagna, spaghetti, macaroni and cheese
Peanut Butter	Ground peanuts used as a paste, ie peanut butter cups, peanut butter sandwiches
Pizza	A dish of Italian origin consisting of a flat, round base of dough baked with a topping of tomato sauce and cheese, typically with added meat or vegetables (merriam-webster dictionary).
Seafood	Including fish, shrimp
Soup (not including soup beans)	A liquid food prepared from meat, fish, or vegetable stock combined with various other ingredients and often containing solid pieces, ie vegetable soup, cabbage soup, tomato soup, chicken noodle soup, etc NOT including soup beans.

Soup Beans	Pinto Beans, or other brown dried beans typically cooked with smoked pork as flavoring. Popular in the South with Cornbread.
Stuffing	A mixture, usually starch that is cooked in the cavity of another food item, like poultry or vegetable, ie chicken stuffing, etc
Sweets	Foods generally containing a lot of sugar or sugar substitute, ie candies, cakes, cookies
Vegetables (not including greens)	Vegetable as main ingredient other than greens i.e. spinach dips, cooked cabbage, fried potatoes, baked potatoes etc.
Favorite Leftovers	Foods participants like to eat as leftovers, the next day after originally served or later
First learning to cook	Who did you learn to cook from, first thing you learned, what would you like to learn
Age you first learned to cook	Age the participant reports first learning to cook
First thing learned to cook	First thing the participant learned to cook
Bread, biscuits	Any type of bread baked
Casserole	A kind of stew or side dish that is cooked slowly in an oven
Chicken	Any preparation of chicken, ie Fried chicken
Dumplings	A small savory ball of dough that may be boiled, fried, or baked in a casserole
Eggs	Eggs prepared in any fashion ie poached, scrambled, fried, omelet, etc
Fish	Any type of fish cooked in any fashion, fried, grilled, baked, etc.
Gravy	sauce, biscuits and gravy
Grilled Cheese	Cheese sandwich that is heated so that the bread toasts and the cheese melts
Homemade Butter	Butter that has been made at home from cream
Meat	Meat as a first thing to learn to cook. For example, pork chops, hot dogs
Mexican Foods	Cuisine that usually includes basic staples such as corn, beans, and chili peppers. Popular choices are salsa, tacos, burritos, tortillas, nachos, etc.
Pancake	Traditionally breakfast food, hotcake, flapjack
Pasta	Including lasagna, spaghetti, macaroni and cheese
Soup	A liquid food prepared from meat, fish, or vegetable stock combined with various other ingredients and often containing solid pieces, ie vegetable soup, cabbage soup, tomato soup, chicken noodle soup, etc
Stuffing or dressing	

Sweets	Foods generally containing a lot of sugar or sugar substitute, ie candies, cakes, cookies
Vegetables	Plant or part of a plant used as food, ie fried potatoes
How did you learn to cook	What learning strategy did the participant report as their means of learning to cook, ie observation, trial and error, instruction
Instruction	Participant was actively taught how to cook by another person; supervised learning, hands on, helping
Observation	Learning how to cook through observing/watching others in person.
Social media	Using social media such as the recipe sites on the Internet, FB, Youtube, Twitter, Pinterest, etc.
Television	Television, TV shows
Trial and error	The process of experimenting with various methods of doing something until the participant finds the most successful way to prepare the food.
Written material	Cookbooks, magazines, hard copy recipes
Who taught you to cook	Person or source that primarily taught the participant to cook
Cooking Class Instructor	Participant attended a structured class teaching cooking skills by an instructor
Father	Father figure in the person's life
Female Relative	Subnodes have specific female relatives, either taught or intentionally watched as they showed the participants how to cook, or helped while the female relative cooked
Grandmother	Maternal or paternal grandmother, nanny, mamaw
Mother	Mother or stepmother
Other female relative	Sister in law, "other" moms (not step), sister, aunt
Other persons	Foster parents, other people's mothers
Self	Self taught, "learned on my own," trial and error, cookbooks, imagination, observation (?)
Food Shopping	Where the participants purchase foods
Convenience Store	A store with extended opening hours and in a convenient location, stocking a limited range of household goods and groceries
Farmers' Market	A food market at which local farmers sell fruit and vegetables and often meat, cheese, and bakery products directly to consumers
Food Bank	God's pantry, food bank, place a person in need can go and pick out free foods.
Health food store	Speciality store with hard to find items or specific foods; whole foods, Rainbow Blossum,
Supermarket	Grocery, a large self-service store selling foods and household goods

Good about cooking	Benefits of home cooking
Cook to own and familys' preferences	Taste better, tastier, you cook it the way you like it
Enjoy cooking	Find pleasure and delight in cooking
Family Time	Spending time with family
Feel fuller	Satisfies hunger, feel full longer
Food and meal variety	You can vary your choices of Food and Meals.
Healthier food and meal choices	Conducive to good health, ie nutritious ingredients, appropriate portions, etc
Leftovers	Food that is remaining after a meal is served. Usually reheated and served at an additional mealtime or reconstructed to create a new meal. In the case of "what is good about foods" leftovers were often appreciated for tasting better the second time around.
Prepare meal ahead of time	Cooking at home allows you to prepare the meal ahead of time, the night before or at your own convenience
Sanitation Control	Being in control of sanitation in your own home. The process of keeping places free from dirt, infection, disease, etc by removing waste, trash and garbage, etc. Many participants expressed that they'd rather eat at home because...clean at home, restaurants are dirty
Save money	Setting aside some of money instead of using for additional purchases or expenditures
Solitude	Time alone while cooking
Stress relief	Practices to relieve a state of mental or emotional strain, relaxing, etc. For example, participant commented that cooking keeps mind occupied
Household characteristics	First name of participant, age of children
County	County of participant's residence and where they met for the focus group meeting
Christian County	Christian County, KY
Fayette County	Fayette County, KY
Hardin County	Hardin County, KY
Hart County	Hart County, KY
Jefferson County	Jefferson County, KY
McCreary County	McCreary County, KY
Perry County	Perry County, KY
Rowan County	Rowan County, KY
Who does clean-up	Who cleans kitchen after cooking
Child or children	Child or children of the participant
Combination of family members	Different members clean or everyone cleans together. For example, one participant shared that her husband and child did the cleaning.
Husband or boyfriend	Husband or boyfriend of the participant

Mother	
Self	Participant does the cleaning
Who does the cooking in your household	Primary person in household responsible for cooking
Child or Children	Participant's child or children, kids
Combination of family members	mother and child, wife and husband
Husband or Boyfriend	Participant's significant other, boyfriend, husband
Self	Participant, "me"
Nutrition Myths	Health information they seem to be unsure of but show concern for. Misinterpreted facts, or health information that is more "here-say"
Quotes	Noteworthy quotes
Reasons to cook at home	Top reasons to cook in general at home
Control over time	Being able to choose when and what to cook to meet needs i.e. able to cook for kids when they are hungry
Disease Prevention	Participant expresses that bad eating habits can affect child, disease already exists in family so participant would like to prepare more healthy meals to keep child from getting illness
Enjoyment	Cooking because it is a source of pleasure or delight, viewing cooking as a hobby
Family Time	Quality time with children, husband or any other important family member
Get experience	Build cooking skills
Healthier	The meal you prepare at home is healthier, healthier ingredients, you can add vegetables
Impulse	An urge to cook. Participant mentioned she may get an impulse to cook something according to the weather, i.e. it's raining or cold outside and you just feel like cooking
Leftovers	Food that is remaining after a meal is served. Usually reheated and served at an additional meal time or reconstructed to create a new meal. In the case of "reasons to cook," leftovers were seen as a motivator to cooking at home.
Many mouths to feed	Preparing enough food to feed and satisfy the hunger of multiple family members and/or guests
Necessity	The basic need to eat, esp. in regards to their children's hunger
Out of Pocket Cost	Participant pays for ingredients or meal at restaurant with cash; not food stamps
Planning your meal	Deciding what you are going to eat
Portion control	Participant is able to decide how much food to serve

Prefer own cooking	Do it they you want to
Routine	Its what we do everyday
Sanitation	Control over the sanitation and cleanliness when cooking at home
Satisfy Hunger	For my kids to get full (still hungry after eating out), more filling
Save money	Reason to cook at home is to save money
Show Love	
SNAP Benefits	Chooses to cook because their SNAP benefits pay for the food, and food only. Save money for non-food items.
Socialization	An opportunity to spend time with others
Strategies for preparing more healthy home-cooked meals	Participants share strategies for shopping, preparing meals, feeding children, etc
Well known cooks	Celebrity chefs to local cooks; individuals and characteristics that make a person admired for their skills in the kitchen
Celebrity Chefs	Chefs that participants named when asked if you could choose someone to teach you to cook who would it be
Celebrity traits	Traits exhibited, approaches or styles of admired cooks in the media or the community
30 Minute meals	Referring to Rachel Ray's infamous 30 minute meals, overall looking for easy meals that can be prepared in a short amount of time (30 minutes or less)
Appeal of the food	Characteristics that make the food or dish attractive or interesting, i.e. if food looks or smells delicious, etc
Cooks from scratch	Makes dishes using mostly basic ingredients (such as eggs, rice, potatoes, meat, flour, etc.)
Cooks healthy	Chef or cook prepares healthy dishes
Kid friendly	Chef or cooks foods that are normally approved by children or families
Makes food out of few ingredients	A set of instructions for preparing a particular dish that only needs 5 or less ingredients
Manages the mess as they're cooking	Clean up spills as they occur, rinse cookware immediately after use, wash as you go
Prepares Down Home cooking	Relatable; what's typically considered Southern food, country food
Teaches how to plan and stretch meals	Menu planning and budget so that participant does not run out of food before the end of the month, so they have all the ingredients for meals, and so they have enough food to feed eveyone
Characteristics of Local Admired Cooks	Traits of neighbors, relatives, people of the community that participants think highly in regards to their cooking skills, organization related to meal preparation

	and clean up, etc.
What would you like to do with your personal food expert	whether a celebrity or a local cook that is a food expert, what things would you like to do with that person related to food preparation, cooking, etc
What you would like to learn	Things the participant would like to learn related to preparing more healthy home-cooked meals
Change that will make the most difference in helping cook healthy home cooked meals	Change that will make the most difference in helping cook healthy home cooked meals
Accessibility to healthy foods	Increase supply of cheaper, healthier food
Community Building	A process of creating or enhancing a following of people with a common interest, helping each other out...
Decreased food prices	Cost less for healthier foods
Easier clean up	Not having to use so many dishes
Help	If other people (ie. family, friends) helped with the preparation, cooking or clean up it would make it easier for the household to share healthy home cooked meals more often
Increased Resources	More money, materials, or other assets. Most cases in these discussions are speaking specifically to the need of more food stamps
Kitchen tools, cookware, and equipment	Dishwasher, pots and pans, bake ware, microwave, dishes
More time	More time to be at home and cook
Motivation	The act or process of giving someone a reason for acting or behaving in a particular, ie wanting to eat healthy foods, increase motivation or the "love" for wanting to eat healthy; cook healthy
Recipes	Recipies for healthy dishes
Dreamteam-Cooking Class	Best ways to encourage people to prepare and cook healthier foods
Affordable	Within one's financial means. In the case of an event, provided it for free or payment in form of food
Charitable event	Donate the items created at the class to local soup kitchen
Childcare	Provide babysitting
Children included	Children included/invited to the event, include children's activities, arts and crafts
Commercial, case or campaign	Commercial, case or public service announcement that is directed at helping low income persons increase the amount of healthy home cooked meal
Cooking Games	Cooking games, cook off where the families play against

	another, cooking with healthy ingredients
DVD	Having a DVD people could watch and learn from
Health Focus	For the classes/instruction to be health related, either in recipe selection, as well as information concerning health and nutrition. Overall geared towards a healthy lifestyle. Recipe renovations, etc.
In Person	Personal presence rather than over the Internet or other
Incentive	Something to get the participant to either to attend a single class or to multiple sessions
Location	Where the event takes place
Relatable Instructor	Teacher that understands the needs of lower resource families, offer ingredients within budget, dieticians that can accommodate lessons according to audience ie. teenage mothers that don't know baby's needs
Share Meal	To enjoy a meal as a group, jointly
Single or Series of Classes	One class or multiple classes coming one after the other in succession
Social gathering	A social get together whether in person or on the internet (Facebook), ie social group get together, social event, sit down and eat together, gathering
Social Media	An interaction among people in which they create, share, and/or exchange information and ideas in virtual communities and networks. Use social media to get message out about the health consequences of poor eating choices.
Take away	Prizes, souvenirs, raffle off something, recipes, ingredient list, leftover meals that you take away with you from the event.
Taste test	Offer people a taste/bite of different prepared healthy foods
Time	When the event takes place
Transportation	A way for participants to get to a group gathering, meeting, class or farmers market (whatever the social marketing product entails). In particular, participants were talking about transportation issues and if transportation could be provided, ie paid taxi service
Visuals	Visual representations of healthy food, pictures
Grocery shopping tour	
Sources to learn more about cooking healthy food at home	Different sources that the participant said they would use to learn more about how to prepare healthier family meals
Books	
Community classes	

DVD	
Email	
Facebook	
Friend	
Hands on	Instruction that allows you to do the task as you are being instructed, trial and error
Instagram	
Magazines	
Mailers and flyers	
Neighbor	
Online Videos	Like You Tube videos
Parent or other family member	
Pinterest	
Recipes	A set of instructions for preparing a particular dish, including a list of the ingredients needed
Television	Cooking shows on TV
Text	
Twitter	
Websites and blogs	
What would you like to learn	What would you like to know about cooking healthy food for your family that you don't know now
Conversions	Cups to quarts, teaspoons to tablespoons
Different ways to prepare vegetables	More than one way to prepare vegetables, ie roast, steam, saute, stirfry, etc.
Flavor	Making something taste good with seasonings, healthy substitutions,
Spices	Any of various pungent, aromatic plant substances used to flavor foods or beverages. In particular, which spices to use, which spices are hot
Food Presentation	How the meal looks on the table or in the dish
Healthier cooking	Cooking that avoids excessive fat, sodium or other unhealthy (not leading to disease, illness ie obesity, HBP, etc) ingredients
Information about food assistance, food banks	food pantries.
Information about food preservation	Home canning, root cellaring, freezing food, fermentation, acidification, drying foods,etc
Information about food storage	Storing leftovers, groceries or carry-home foods, refrigerator strategies, cleaning frig regularly, marinating foods, thawing foods
Information about growing own food	Gardening for self or family, indoors or outdoors,
Information about menu planning	Deciding what food items or recipes will make up a meal, a day's worth or a week

Information about safe food handling	Safety issues such as hand washing and surface cleaning, keeping foods seperated, cooking to the right temperature, refrigerating promptly
Information about stretching your food budget	Information that will help the individual or family have more food available to them within the amount of money they have to spend
Ingredients	Any foods or substances that are combined to make a particular dish. The participants expressed that they would like to know what some foods are, esp. dangerous additives or chemicals
Learn more about Community Gardening	Learn more about Single piece of land gardened collectively by a group of people
Portions	Portioning meals to avoid overeating
Quick meals	Prepare and serve healthy meals in a short amount of time
Recipes	A set of instructions for preparing a particular dish, including a list of the ingredients needed
Recipes with few ingredients	A set of instructions for preparing a particular dish that only needs 5 or less ingredients
Stocking a kitchen	Supplying a kitchen so that a person can easily meal plan and have the essentials available in their pantry
Using social media to learn	Using social media to learn new recipes and to share tips. For example, viewing ecipes via Facebook
Where to shop	Local places to shop to get affordable healthier food
Wild Game	

References

- Archuleta, Martha, VanLeeuwen, Dawn, Halderson, Karen, Wells, Linda, & Bock, Margaret Ann. (2012). Diabetes cooking schools improve knowledge and skills in making healthful food choices. *J Extension, 50*, 2FEA6.
- Beatty, Timothy KM, & Tuttle, Charlotte. (2011). *Food Secure In 30 Minutes or Less: The Relationship Between Time Use and Food Security*. Paper presented at the Selected paper presented at Agricultural and Applied Economics Association Annual Meeting, Pittsburgh, PA.
- Blake, Christine E., Wethington, Elaine, Farrell, Tracy J., Bisogni, Carole A., & Devine, Carol M. (2011). Behavioral Contexts, Food-Choice Coping Strategies, and Dietary Quality of a Multiethnic Sample of Employed Parents. *Journal of the American Dietetic Association, 111*(3), 401-407.
- Brown, J. Lynne, & Wenrich, Tionni R. (2012). Intra-Family Role Expectations and Reluctance to Change Identified as Key Barriers to Expanding Vegetable Consumption Patterns during Interactive Family-Based Program for Appalachian Low-Income Food Preparers. *Journal of the Academy of Nutrition and Dietetics, 112*(8), 1188-1200. doi: <http://dx.doi.org/10.1016/j.jand.2012.05.003>
- Bryant, Carol A., McCormack Brown, Kelli R., McDermott, Robert J., Forthofer, Melinda S., Bumpus, Elizabeth C., Calkins, Susan A., & Zapata, Lauren B. (2007). Community-Based Prevention Marketing: Organizing a Community for Health Behavior Intervention. *Health Promotion Practice, 8*(2), 154-163. doi: 10.1177/1524839906290089

- Buta, Brian, Brewer, LaPrincess, Hamlin, Deneen L., Palmer, Michael W., Bowie, Janice, & Gielen, Andrea. (2011). An Innovative Faith-Based Healthy Eating Program: From Class Assignment to Real-World Application of PRECEDE/PROCEED. *Health Promotion Practice, 12*(6), 867-875. doi: 10.1177/1524839910370424
- Chu, Yen Li, Addo, O. Yaw, Perry, Courtney D., Sudo, Noriko, & Reicks, Marla. (2012). Time spent in home meal preparation affects energy and food group intakes among midlife women. *Appetite, 58*(2), 438-443. doi: <http://dx.doi.org/10.1016/j.appet.2011.12.009>
- Condrasky, Margaret D., Griffin, Sara G., Catalano, Patricia Michaud, & Clark, Christine. (2010). A Formative Evaluation of the Cooking with a Chef Program. *Journal of Extension, 48*(2).
- Coulon, S. M., Wilson, D. K., Griffin, S., St George, S. M., Alia, K. A., Trumpeter, N. N., . . . Gadson, B. (2012). Formative process evaluation for implementing a social marketing intervention to increase walking among African Americans in the Positive Action for Today's Health trial. *Am J Public Health, 102*(12), 2315-2321. doi: 10.2105/ajph.2012.300758
- Daniels, S., Glorieux, I., Minnen, J., & van Tienoven, T. P. (2012). More than preparing a meal? Concerning the meanings of home cooking. *Appetite, 58*(3), 1050-1056. doi: 10.1016/j.appet.2012.02.040
- Darko, J., Eggett, D. L., & Richards, R. (2013). Shopping behaviors of low-income families during a 1-month period of time. *J Nutr Educ Behav, 45*(1), 20-29. doi: 10.1016/j.jneb.2012.05.016

- Diker, Ann, Walters, Lynn M., Cunningham-Sabo, Leslie, & Baker, Susan S. (2011). Factors Influencing Adoption and Implementation of Cooking with Kids, an Experiential School-Based Nutrition Education Curriculum. *Journal of Extension*, 49(1).
- Franck, Karen, Vineyard, Michelle, Olson, Ann, & Peterson, Ashley. (2012). Experiential Cooking Programs for Low-Income Adults: Strategies for Success. *Journal of Extension*, 50(2).
- Fulkerson, Jayne A., Rydell, Sarah, Kubik, Martha Y., Lytle, Leslie, Boutelle, Kerri, Story, Mary, . . . Garwick, Ann. (2010). Healthy Home Offerings via the Mealtime Environment (HOME): Feasibility, Acceptability, and Outcomes of a Pilot Study. *Obesity*, 18(S1), S69-S74. doi: 10.1038/oby.2009.434
- Fulkerson, Jayne, Lytle, Leslie, Story, Mary, Moe, Stacey, Samuelson, Anne, & Weymiller, Audrey. (2012). Development and validation of a screening instrument to assess the types and quality of foods served at home meals. *International Journal of Behavioral Nutrition and Physical Activity*, 9(1), 10.
- Gustafson, Alison, Christian, Jay, Lewis, Sarah, Moore, Kate, & Jilcott, Stephanie. (2013). Food venue choice, consumer food environment, but not food venue availability within daily travel patterns are associated with dietary intake among adults, Lexington Kentucky 2011. *Nutrition Journal*, 12(1), 17.
- Hersey, James, Anliker, Jean, Miller, Chris, Mullis, Rebecca M., Daugherty, Sarah, Das, Sutapa, . . . Thomas, H. Olivia. (2001). Food Shopping Practices Are Associated with Dietary Quality in Low-Income Households. *Journal of Nutrition Education*, 33, S16-S26.

- Hirsch, Jana, & Hillier, Amy. (2013). Exploring the Role of the Food Environment on Food Shopping Patterns in Philadelphia, PA, USA: A Semiquantitative Comparison of Two Matched Neighborhood Groups. *International Journal of Environmental Research and Public Health*, 10(1), 295-313.
- IBM Corp. Released 2013. IBM SPSS Statistics for Windows, Version 22.0. Armonk, NY: IBM Corp.
- Jilcott, S. B., Moore, J. B., Wall-Bassett, E. D., Liu, H., & Saelens, B. E. (2011). Association between travel times and food procurement practices among female supplemental nutrition assistance program participants in eastern North Carolina. *J Nutr Educ Behav*, 43(5), 385-389. doi: 10.1016/j.jneb.2010.11.004
- Kramer, R. F., Coutinho, A. J., Vaeth, E., Christiansen, K., Suratkar, S., & Gittelsohn, J. (2012). Healthier home food preparation methods and youth and caregiver psychosocial factors are associated with lower BMI in African American youth. *J Nutr*, 142(5), 948-954. doi: 10.3945/jn.111.156380
- Kruger, T. M., Swanson, M., Davis, R. E., Wright, S., Dollarhide, K., & Schoenberg, N. E. (2012). Formative research conducted in rural Appalachia to inform a community physical activity intervention. *Am J Health Promot*, 26(3), 143-151. doi: 10.4278/ajhp.091223-QUAL-399
- Mahajan, Poonam. (2012). Obesity Related Perceptions and Practices Among Educators in the Expanded Food and Nutrition Education Program. Retrieved from http://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1008&context=foodsci_etds on April 14, 2014.

- Morin, Pascale, Demers, Karine, Turcotte, Sylvain, & Mongeau, Lyne. (2013). Association between perceived self-efficacy related to meal management and food coping strategies among working parents with preschool children. *Appetite*, 65(0), 43-50. doi: <http://dx.doi.org/10.1016/j.appet.2013.01.012>
- Centers for Disease Control and Prevention. (2012). DNPAO State Obesity Prevalence Map 2012. Retrieved from <http://www.cdc.gov/obesity/data/adult.html> on December 15, 2013.
- Centers for Disease Control and Prevention. (2013). *State Indicator Report on Fruits and Vegetables 2013*. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/nutrition/downloads/State-Indicator-Report-Fruits-Vegetables-2013.pdf> on December 17, 2013.
- Strength, Share Our. (2012). A report on low-income families' efforts to plan, shop for, and cook healthy meals. Retrieved from <http://www.nokidhungry.org/images/cm-study/report-full.pdf> on April 17, 2014.
- Sweetman, C., McGowan, L., Croker, H., & Cooke, L. (2011). Characteristics of family mealtimes affecting children's vegetable consumption and liking. *J Am Diet Assoc*, 111(2), 269-273. doi: 10.1016/j.jada.2010.10.050
- Thompson, Debbe, Cullen, Karen Weber, Reed, Debra B., Konzelmann, Karen, & Smalling, Aggie Lara. (2011). Formative assessment in the development of an obesity prevention component for the expanded food and nutrition education program in Texas. *Family & Community Health*, 34(1), 61-71. doi: 10.1097/FCH.0b013e3181fdeb3

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