

Pilot trial of an adult community cooking skills intervention

Submission date 21/07/2015	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 30/07/2015	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 05/12/2019	Condition category Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Dietary improvements may help reduce the prevalence of obesity and certain chronic diseases. Improvements in cooking skills could lead to dietary improvements. Evidence suggests there has been a reduction in cooking skills in the UK population over the past 20 years. The past decade has witnessed an increase in interventions to increase cooking skills aimed at addressing this skills gap. However, a link has yet to be demonstrated between cooking skills and diet. This research has three aims: to analyse existing data to explore associations between cooking skills and diet in the UK population; to conduct analysis of an existing cooking skills intervention; and to conduct a pilot study of a cooking skills intervention. The aim of this study is to find out whether cooking skills interventions are likely to be effective and whether robust evaluation of cooking skills interventions is both practical and feasible.

Who can participate?

Adults aged 18 or over with poor cooking skills.

What does the study involve?

Participants will be randomly allocated to one of two groups. The intervention group will attend an adult cooking skills course comprising eight 60-90 minute weekly sessions at community venues (The Jamie Oliver Ministry of Food (JOMoF) adult cooking skills course). The control group will be offered the cooking skills course after the end of the study.

What are the possible benefits and risks of participating?

The potential benefits of the intervention are that individuals gain confidence and skills in cooking from raw ingredients; and that this, in turn, leads them to eat a healthier diet. Others in a household may also benefit from healthier food preparation, or transfer of skills. There are no major risks to participating. However, working in a kitchen, even supervised, may result in occasional accidental injuries, which can include cuts from kitchen knives, scalding or burns from cooking equipment or hot foods, and inflammation resulting from contact with certain foods (e.g. chillies) if hands are not thoroughly washed before contact with, for example, eyes. These events are very rare and mitigated by appropriate training and safety protocols within the trial.

Where is the study run from?

Institute of Health & Society, Faculty of Medical Sciences, Newcastle University (UK).

When is the study starting and how long is it expected to run for?

From April 2013 to July 2015.

Who is funding the study?

Policy Research Programme, Department of Health (UK).

Who is the main contact?

Prof Martin White

martin.white@mrc-epid.cam.ac.uk

Contact information

Type(s)

Scientific

Contact name

Prof Martin White

ORCID ID

<https://orcid.org/0000-0002-1861-6757>

Contact details

Centre for Diet & Activity Research (CEDAR)

MRC Epidemiology Unit

School of Clinical Medicine

University of Cambridge

Cambridge

United Kingdom

CB2 0QQ

+44 (0)12237 69159

martin.white@mrc-epid.cam.ac.uk

Additional identifiers

Protocol serial number

RES/0150/7794

Study information

Scientific Title

Research to support the evaluation and implementation of adult cooking skills interventions in the UK: pilot randomized controlled trial with process and economic evaluation components

Study objectives

This pilot randomized controlled trial aimed to establish the feasibility of conducting a definitive randomized controlled trial of an adult cooking skills intervention.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Newcastle University Research Ethics Committee, 22/08/2013, ref: 00659/2013

Study design

Single-centre multi-site community-based pilot randomized controlled trial with process and economic evaluations

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Prevention of chronic non-communicable diseases associated with unhealthy diet

Interventions

1. Intervention arm - an adult cooking skills course delivered to groups of 6-10 participants, comprising eight 60-90 minute weekly sessions at community venues (The Jamie Oliver Ministry of Food (JOMoF) adult cooking skills course).
2. Control arm - no intervention during the 12-week follow-up period. Control arm participants were offered the cooking skills course after final data collection.

Intervention Type

Behavioural

Primary outcome(s)

As this was a pilot randomized controlled trial, there was no primary outcome. However, a number of measures were collected to assess the feasibility and acceptability of the intervention and trial procedures. These data were specified by our research questions as follows:

1. What is the theoretical basis, in terms of behaviour change, of the JOMoF cooking skills intervention?
2. What is the fidelity of the JOMoF cooking skills intervention?
3. Are there temporal or locational variations in intervention fidelity?
4. What are the baseline self-reported cooking skills and socio-demographic characteristics of participants of a cooking skills intervention?
5. How do the baseline self-reported cooking skills and socio-demographic characteristics of wait-list recruits compare to community recruits?
6. Do the socio-demographic characteristics of wait-list recruits align with those identified as most in need of cooking skills interventions from research questions 1-4?
7. What are the consequences, both expected and unexpected, of cooking skills interventions for UK adults, as identified by cooking skills intervention participants and providers?
8. How practical and acceptable are cooking skills interventions for UK adult participants as well as those involved in commissioning and delivery?
9. How practical and acceptable are the research methods proposed for a definitive RCT of a multi-site cooking skills intervention, for both UK adult participants as well as those involved in

commissioning and delivery?

10. What factors affect non-recruitment, attrition, attendance and compliance with data collection methods?

11. Is economic evaluation of a cooking skills intervention feasible?

Key secondary outcome(s)

See above under primary outcomes. As this was a pilot randomized controlled trial there were no primary or secondary outcomes.

Completion date

24/07/2015

Eligibility

Key inclusion criteria

1. Adults aged 18 years or over
2. Living in the community
3. Self-perceived poor cooking skills
4. Able to speak fluent English

Participant type(s)

Healthy volunteer

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Total final enrolment

80

Key exclusion criteria

1. Aged under 18 years
2. Unable to speak English fluently

Date of first enrolment

13/10/2013

Date of final enrolment

07/07/2014

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Institute of Health & Society, Faculty of Medical Sciences, Newcastle University

Baddiley-Clark Building, Richardson Road

Newcastle upon Tyne

United Kingdom

NE2 4AX

Sponsor information

Organisation

Newcastle University (UK)

ROR

<https://ror.org/01kj2bm70>

Funder(s)

Funder type

Government

Funder Name

Policy Research Programme, Department of Health (UK)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes