Communities that cook: a systematic review of the effectiveness and appropriateness of interventions to introduce adults to home cooking

REVIEW PROTOCOL

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The Steering Group for the EPPI-Centre's Health Promotion and Public Health Reviews Facility forms the Advisory Group for this review.

Readers' comments on the methods and scope of this review are very welcome, as are suggestions for completed or ongoing pieces of research that might be relevant – please contact us via the address on the front page of this protocol.

Acknowledgements and conflict of interest

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1. Background

The challenge of poor diets in the UK

Food related ill health has been estimated to account for about 10% of ill-health and death in the UK, similar to that attributable to smoking (Rayner and Scarborough 2005).

There has been considerable focus recently on the ill-health associated with obesity, with almost a quarter (24%) of people aged 16 or over in the England classified as obese or larger in 2007 (Health and Social Care Information Centre 2009). In addition to likely psychosocial impacts, having a very large body size is a risk factor for serious chronic diseases, including type 2 diabetes, cardiovascular disease, hypertension and stroke, as well as certain forms of cancer.

However, diet-related ill-health in the UK is not just due to excess energy from food turning into body fat. The diets of large sectors of the population are failing to meet guidelines aimed at maintaining health and avoiding ill-health more generally. Recent nation-wide surveys estimate, for example, that only a third of adults are eating the five portions of fruit and vegetables a day, recommended if they are to obtain vital vitamins and minerals (Bates et al. 2010). In addition, the average adult diet contains:

- too much salt (9.5 g per day) (Swan 2004). Guidelines recommend 6g. Too much salt in the diet is linked with high blood pressure, stroke and coronary heart disease;
- too much saturated fat (at 12.8% of food energy (Bates et al. 2010), compared with the recommended 11%). Diets rich in saturated fat are linked to cardiovascular disease;
- too little fibre, which is essential for healthy digestion and helps prevent bowel cancer (14g per day, compared with the recommended 18g) (Bates et al. 2010).;
- too much added sugar, which increases the risk of tooth decay (at 12.5% of food energy, compared with the recommended 11%) (Bates et al. 2010);
- insufficient oily fish or equivalent source of the essential omega-3 fatty acid (the average diet includes just under half the recommended adult 140g portion of fish a week) (Bates et al. 2010).

There also are considerable inequalities in ill-health related to diet across socioeconomic groups in the UK. For example, type 2 diabetes, which is linked with high body weight, is one and a half times more likely to develop at any age in the most deprived 20% of the

population compared with the average (Department of Health 2002). It is also significantly more common in people from some black and minority ethnic (BME) groups than the general English population (Sproston and Mindell 2006). People from various South Asian and Black Caribbean subgroups are also more likely to have cardiovascular disease, angina, heart attack, and stroke (although this varies by age, gender, and ethnic group) (Sproston and Mindell 2006).

People with socioeconomically disadvantaged backgrounds tend to have diets that are even further from healthy eating guidelines. A recent UK-wide survey found that adults with the lowest incomes (approximately the bottom 15% in terms of material deprivation) were more likely to consume fat spreads, non-diet soft drinks, meat dishes, pizzas, processed meats, whole milk and table sugar than the population as a whole. Diets for this group were, as a result, far higher in saturated fat, salt and added sugar. The average number of fruit and vegetable portions eaten per day amongst people in this group was between 2.4 and 2.5 (Nelson et al. 2007a), which compares with a 4.4 portion average for the population as a whole (Bates et al. 2010). People with a lower income were also often taking in lower amounts of vitamins and minerals. In particular, women aged 19-64 years and with a low income had lower mean daily intakes of total iron, magnesium, potassium and copper than women in the population as a whole. A larger proportion of women with a low income had levels below the Lower reference nutrient intake (LRNI), which is the amount needed to avoid serious deficiency. Similarly, Black and Asian people in England tend to intake lower levels of vitamin A, folate, riboflavin, and calcium than White people, although this varies by ethnic group and gender (Nelson et al. 2007a).

Influences on diet

The influences on peoples' diets in the UK are complex and manyfold (e.g. Green et al. 2009, Robertson et al. 2004, Wardle 2007, White 2007). These influences include:

- the availability and price of different kinds of foods;
- people's own dietary needs and preferences, and those of others in their household;
- the dominant food culture and practices amongst others with whom they interact (e.g. caring and other arrangements for distributing food within households and social groups);
- the extent and security of their financial resources (which affects the type and variety of affordable foods, equipment and space available for food storage and preparation, as well as the ability to plan food purchases);
- their physical ability to access and prepare food;
- the time they have available for purchasing and preparing food;
- their own knowledge, skills and confidence when it comes to planning and preparing meals.

The first and last of these types of have been the focus of much debate over the last couple of decades. The prevalence of unhealthy diets in the UK and other Westernised societies has been linked in particular to increases in the availability of processed foods and pre-prepared and takeaway meals. These tend to contain a relatively large number of calories per unit of weight (energy-dense foods), as well as often being high in saturated fat and in sugar and salt, and low in vitamins and minerals (Prentice and Jebb 2003, NHS Information Centre for health and social care 2010, NICE 2010). A 2002 survey of the ready meals market found that ready meals were consumed in 77% of British households (Mintel 2003). Over a quarter of those who consumed them used them more than once a week. Use was said not to differ greatly between people with different levels of income.

There has also been concern that opportunities to learn how to prepare and cook food have been lost over the past few decades, leading to a loss of skills, knowledge and confidence (e.g. Lang and Caraher 1996). While recent detailed data is lacking, there has always been considerable variation in cooking practice in the UK. In an England-wide survey from 1993, 68% of women reported cooking daily, compared to 18% of men (Caraher et al. 1999). In addition, 7% of women and 25% of males reported that they did not cook from basic ingredients, or did not feel confident to cook in this way. Confidence varied with types of foods, and with people's socio-economic status. For example, confidence in cooking with oily fish, fresh fruit and vegetables, root vegetables and pulses was greater in higher income groups. The latest nation-wide survey of people with low incomes found that, while 91% of women reported they could cook a meal from basic ingredients without help, for men this was 64% (Nelson et al. 2007b).

As women increased their participation in the waged labour force, cooking lessons at school became the main source of culinary education for many. In 1993 nearly half of 16-19 year old men described learning to cook from classes at school (Caraher et al. 1999). At around the same time, the introduction of the English National Curriculum turned cooking into an optional part of Design and Technology education (Stitt 1996). Within the last decade, there has been criticism of Secondary school provision for teaching cooking, with a lack of specialist teachers and teaching facilities cited in particular (Ofsted 2006).

Community-based initiatives to improve skills, knowledge and confidence for cooking

One of the responses to these concerns has been the development of community-based educational initiatives aimed at adults who want to learn to cook. These are here referred to as 'home cooking initiatives'. Immediate objectives for these initiatives usually include both:

- increasing participants' knowledge (e.g. about different foods, healthy eating, food safety); and

- developing food-related skills (e.g. for mechanical techniques such as chopping/mixing, cooking, measuring, as well as for following recipes, meal planning and budgeting).

While one-off 'cook and taste' events can be set up, a more intense approach provides a series of training sessions to the same group of people over a period of time. To encourage the development of skills and understanding, participants are able to practice in the class itself, as well as listening to and observing tutors. There is an emphasis within some initiatives on participants extending their learning to a wider audience[1]. This bears some resemblance to traditions of lay food and health workers within community-based food initiatives, where people are recruited and trained to provide outreach activities to others in their own community (e.g. Coufopoulos et al. 2010, Kennedy et al. 2008). In contrast, the experience of learning in a group, appears to distinguish these more recent attempts to provide adults with cooking skills and knowledge from services that largely provide support and advice about food and diet to individuals in their homes (e.g. Dowler et al. 2003).

Jamie Oliver's 'Ministry of Food' initiative[2] is perhaps the best-known of the home cooking initiatives currently being provided in the UK, although large numbers of schemes have been set up across the country. These are generally funded and/or run by local councils, charities, or Lottery Funding (e.g., 'Let's Get Cooking'[3]), although some receive additional funding or resources from the private sector (e.g., Ministry of Food). Often these initiatives have been part of a wider programme of developments to address barriers to healthy eating and ill-health more generally (see Press 2004, Wall et al. 2009).

While various forms of home cooking interventions have been tried out, and evaluations have been conducted (e.g. Williams and Dowler 1994)[4], it appears that there has been no recent systematic attempt to pull together and appraise the findings of the range of evaluation studies that exists. The systematic review described in this protocol aims to address this gap. It will examine claims for home cooking initiatives, exploring their effects on various outcomes, the section of the population that is ultimately reached by them, and what, in practice, is required for their implementation.

[1] For example, Jamie Oliver's Ministry of Food provides a guide for "passing it on" http://www.jamieoliver.com/media/PIO_Guide.pdf.
[2] http://www.jamieoliver.com/jamies-ministry-of-food/
[3] http://www.letsgetcooking.org.uk/Home
[4] Brief case studies of a variety of home cooking and other food initiatives can be found on the Food Vision Website, established by the Food Standards Agency (FSA) http://www.foodvision.gov.uk/

2. Aims of the review

The primary aim of the review is to gather and present the available research evidence on recent training initiatives that have introduced groups of adults in the UK to the basics of home cooking ('home cooking initiatives'). Evaluations of these initiatives will be collated and appraised so as to identify:

- programme effectiveness (i.e. evidence for an impact of home cooking initiatives on outcomes for participants, both positive and negative, to include their skills, knowledge, confidence, behaviours and health status, as well as participant costs); and

- programme appropriateness (e.g., which types of participant are attracted by these initiatives, who actually completes training, how acceptable are initiatives to participants and programme staff, what resources are required, what local factors appear to help or hinder the running of initiatives).

A taxonomy will be developed that identifies the main ways in which these home cooking initiatives vary. The evaluation studies of initiatives in the UK will be classified according to this taxonomy.

The findings will be of use for local authorities and other groups interested in implementing or refining their own home cooking initiatives for adults.

3. Review questions

The review will ask:

- What constitutes a home cooking initiative and how might these vary?
- What kinds of home cooking initiative have been evaluated in the UK?
- What are the effects of these home cooking initiatives on outcomes for participants?
- How do these effects differ for different types of participant, especially in terms of socio-economic and other kinds of disadvantage)?
- What is known about the appropriateness and cost-effectiveness of these initiatives?

4. Review methods

4.1. Stages in the review

The review will have two stages:

- A systematic map (see 4.4 below) that uses an extensive search of the literature, explicit criteria for identifying relevant research and a coding tool to:
    - Develop a taxonomy to classify different home cooking initiatives;
    - Develop and describe the characteristics of recent studies from the UK that have evaluated the effects and processes of home cooking initiatives
- An in-depth review (see 4.5 below) that appraises the quality of a sub-set of these studies and extracts and synthesises their findings.

4.2. User involvement

Plans for this review have been developed in conjunction with policy makers and researchers at the Department of Health. The short timeframe of the review does not permit consultation with local authorities or other potential users of the review during the review work itself. However it may be possible to consult with potential users on the implications of the review's findings after submission of the final report to the Department.

4.3. Information management

All records of research identified by searches will be uploaded to the specialist systematic review software, EPPI-Reviewer 4, for duplicate stripping and screening (Thomas et al. 2010). This software will record the bibliographic details of each study considered by the review, where studies were found and how, reasons for their inclusion or exclusion, descriptive and evaluative codes and text about each included study, and the data used and produced during synthesis.

4.4. Stage one: production of the systematic map

The team will proceed through phases ii-iv described immediately below to produce, by the end of this project, a complete description of the kinds of evaluation of home cooking initiatives conducted in the UK. The first output from the project, however, will be a taxonomy that uses interim findings about the range of initiatives that have been evaluated to group interventions according to their similarity and difference in terms of key characteristics. The taxonomy is likely to make reference to many of the dimensions listed under 4.4.4 below.

4.4.1. Inclusion criteria for the systematic map

To be included in the **systematic map**, studies will need to meet all of the following inclusion criteria:

- **Intervention**
  - **Content** - The initiative under study will need to contain both a skills component that concerns how to cook (skills for preparing food) and a knowledge component that deals with what to cook.
  - **Medium** - The initiative should be delivered to groups of people. That is, it should not solely involve one person advising or training another, for example, as part of a home visit.
  - **Learning outcomes**
    - It must be targeted at people who, prior to the programme, consider themselves as unable to cook 'from scratch'. That is, it should not be a training course for people who already have basic cooking skills or knowledge.
    - Learning should not be aimed at achievement of an academic or professional qualification.

- **Population**
  The initiative or programme will need to involve adult participants. For the purposes of this review, adult is defined as aged 16 years or above.

- **Research design**
  The study evaluates outcomes and/or processes.
  - An outcome evaluation is defined as a study which is designed to answer questions about the effectiveness of particular interventions in changing specified outcomes.
  - Whereas a process evaluation is concerned with the ways in which interventions are delivered, including how and interventions work, or do not work, with whom and why. To be included, reports of process evaluations need to have at least included a systematic presentation of

the evaluation's methods and results (e.g. by using report headings to separate out this information).

- **Outcomes, process, and costs data**
  Studies must report outcomes data (i.e., effectiveness or cost-effectiveness data) or process data (e.g., drop-out rates, course satisfaction ratings, costs data).

- **Date**
  Studies should have been reported from 1995 onwards. This cut off date focuses the review on relatively recent evaluations. It falls five years after the introduction of the National Curriculum for England in 1990, which affected opportunities for people to obtain practical cooking skills at school.

It will be possible to focus in the in-depth review on a sub-set of the initiatives identified using the above criteria (see stage two, in 4.5 below). However, because of the breadth of the above criteria, the initiatives described in the systematic map could include those:

- aimed at adults solely, or at adults together with children;
- where cooking is one of a range of 'life skills' being taught;
- where cooking classes are one component of a wider programme of activities aimed at improving health or wellbeing (Community Food Initiatives, for example, might provide cookery courses in the community but also run, for example, other kinds of food event, food growing or marketing initiatives, and access to health advisors).

4.4.2. Literature search

Relevant literature will be identified through a search of over 20 electronic databases and over 30 websites (see Appendix 2), contact with authors of key studies and other experts in the field, and citation chasing of included studies. Highly sensitive search strategies will be developed using a combination of controlled vocabulary and free-text terms. These will combine searches for the concepts: a) cooking and skills; or b) food and community initiatives. For an example of a bibliographic database search see Appendix 3.

The Nutrition Science and Delivery team at the Department of Health will also be consulted for any relevant reports. The outcome of this search will be a database of references and documents which will be screened using the review's inclusion criteria.

4.4.3. Screening studies for inclusion in the systematic map

The inclusion criteria will be applied successively to titles and abstracts. Full reports will be obtained for those studies that appear to meet the criteria or where there is insufficient information to be certain. The criteria will be piloted on a sample of studies before being applied. An early sample of screening will be double checked by the lead reviewer. The reviewers will regularly discuss screening to ensure consistency in the way that studies are being included and excluded.

Once all studies have been screened on title and abstract, those marked for inclusion will be retrieved and screened on the basis of the full-text article. Those that pass the inclusion criteria on the basis of full-text screening will be included in the map.

4.4.4. Describing studies for the systematic map

All included studies will be coded according to a standardised classification system developed for this review. For speed, coding will done using the titles and abstracts, or executive summaries, of reports, as opposed to the full study detail. Simple frequency counts and cross-tabulations will be conducted where appropriate to describe the studies. The result will be a descriptive map of the extent and range of research that has evaluated the effects or processes of home cooking initiatives for adults in the UK.

The coding tool that will be used to capture similarity and variation between initiatives will be developed by interrogating a small number of studies. It is likely, however, to cover the following areas (and classify variation as follows):

- **The stated aim/s** of the initiative (select from: skills, knowledge, attitudes/beliefs, confidence, behaviour, health status);
- **Whether the initiative is targeted at one or more specific populations** (select from: place of residence, ethnicity, occupation, gender, religion, education, level of social capital, socioeconomic status, age, disability, sexual orientation, membership of some other vulnerable or socially excluded group);
- **organizational setting/s** (select from: community setting, school setting, further/higher education setting, clinical setting, workplace setting, other setting);
- **people providing the intervention** (select from: community worker, health professional, peer, lay therapist, researcher, residential worker, social worker, teacher, other provider);
- **Learning time commitment** required of participants (select from: less than one hour, from one hour to half a day, one day, between one day and a week, more than one week)
- The **delivery model** used by the initiative (select from: drop-in, pre-booked sessions, outreach);

- The **learning and support content** of initiatives (select from: presentation and discussion sessions, demonstrations, hands-on practice, access to health trainers, structures for knowledge-sharing/ training trainers, strategies for support after formal training ends). These descriptive categories will be developed using recent work on classifying behavior change techniques (e.g. Abraham and Michie 2008);
- The **geographical region/**s where the initiative has been evaluated;
- **Type of research** (select from: outcome evaluation, process evaluation).

Describing the extent of available research will also enable reviewers to determine how best to appraise and synthesise the literature identified (Stage two). It may also facilitate refinement of the scope of the review if it is felt that most benefit will be gained by focusing on one or several portion(s) of the literature rather than the whole.

4.5. Stage two: in-depth review of studies evaluating intervention outcomes and processes

4.5.1. Inclusion criteria for the in-depth review

Criteria for the in-depth review will be developed in consultation with policy makers and researchers at the Department of Health. The following core set of criteria for study design and methods are proposed for the review's analysis of intervention effectiveness, and analysis of intervention appropriateness respectively.

a. To be included in the in-depth review's **analysis of intervention effectiveness**:

- studies will need to meet all of the criteria for the systematic map
- but also will need to have a two-group design in which people who receive an intervention are compared with people who do not.

b. To be included in the in-depth review's **analysis of intervention appropriateness:**

- studies will need to report, at a minimum, something about their methods of either data collection, or data analysis, as the quality of the evaluation will otherwise be difficult to assess.

Additional criteria could be used, for example, to focus analysis in the following areas:

- **Population**: to examine effectiveness and appropriateness, in particular, for specific disadvantaged groups, which could include people on low income,

people with mental health issues, young mothers and pregnant adolescents (aged 16-19), care leavers, and people with learning disabilities.

- **Intervention**: Initiatives might be of most interest if
    - They are aimed at people with lower socio-economic or other disadvantaged backgrounds; or
    - they are aimed at adults alone, as opposed to whole families; or
    - they are focused primarily on skills and knowledge related to cooking, as opposed to a range of 'life skills'.

4.5.2. Describing studies for the in-depth review

Studies will be screened using the above set of inclusion criteria using methods similar to those outlined above for the systematic map. All coding at this stage of the review will be conducted independently by two individual reviewers who will then meet to reach consensus.

Studies that meet the criteria will be described using a standardized in-depth coding system for health promotion and public health research (Peersman et al. 1997). Codes cover the development and content of the intervention evaluated, the population involved, the design and results of any outcome evaluation and the design and findings of any process evaluation. Reviewers will also use this framework to record authors' and their own conclusions about the effects and processes of the intervention.

It is anticipated that there will be two broad categories of outcome. First, immediate outcomes of a cooking school intervention could include knowledge, skills, and confidence in nutrition, food preparation or cooking. Second, more distal outcomes might include changes in behaviour (i.e., what food is actually prepared and consumed) and changes in health state (e.g., Body Mass Index).

Anticipated findings about intervention processes might include

- **Engagement with and acceptability of the initiative** - How did participants rate their experience of the initiative? (e.g. how much were they satisfied/did they enjoy its different components? Did participants report that they would pass or had passed on what they learnt in the course, and/or would they refer others to the course?)
- **Implementation** - What barriers/facilitators were identified as important for successful implementation? Were there any unforeseen consequences? To what extent was the intervention implemented as intended?

- **Accessibility/programme reach** - Who and how many people enrolled in the programmes? What were the programme retention rates? what factors did participants identify as important for their participation? e.g. any barriers and facilitators to joining and staying in the programmes?)
- **Human resources issues** – E.g. what arrangements were set up for collaborations, partnerships, management and responsibility? What skills and training were required for those delivering the intervention?

4.5.3. Appraising studies in the in-depth review

The review will use different criteria for assessing the methodological quality of outcome and process evaluations.

The criteria for assessing **outcome evaluations** will build on those described in previous EPPI-centre health promotion reviews (see e.g. Peersman et al. 1998). These use four 'core' methodological criteria to identify three different levels of study quality. 'Sound' outcome evaluations are those deemed to meet the four criteria of:

I. providing pre-intervention data for all individuals in each group;
II. providing post-intervention data for each group;
III. reporting findings for each outcome measure indicated in the aims of the study; and
IV. employing a control/comparison group equivalent to the intervention group on socio-demographic and outcome variables.

Recognising that these criteria a) only capture some of the known sources of bias in outcome evaluations; b) do not distinguish between randomised and non-randomised trials; and c) do not distinguish between quality of method and quality of reporting, studies could also be classified as 'sound despite discrepancies'.

The remaining studies will be classified as 'not sound'; in all cases reviewers will record their justification for classification.

The criteria for assessing **process evaluations** will again build on those described in previous reviews (see Shepherd et al. 2010). They are likely to include items that assess Steps taken to minimise bias and error/increase rigour in: (i) sampling; (ii) data collection; and (iii) data analysis, and the extent to which: (i) findings were grounded in/supported by the data; (ii) there was good breadth and/or depth achieved in the findings; and (iii) the perspectives of participants were privileged.

4.5.4. Synthesising study findings

We will present the findings of the in-depth review as a narrative synthesis. Themes identified during the mapping stage will be used to organise the synthesis. One major focus of the synthesis will be the extent to which evaluations have examined cooking initiatives that have targeted adults who have a low socio-economic status, or are disadvantaged in some way.

The synthesis will contain an in-depth analysis of the impact of the studies on a range of outcomes and an analysis of how process and implementation issues affect the ability of programmes to be transferred from one situation to another (or, indeed, to be implemented as planned at all). The synthesis will incorporate the assessment of the reliability and relevance of the studies included, so that a greater weight in the review's findings is given to those studies that are the most reliable and relevant.

We will include cost-effectiveness studies in this component and also capture and summarise information about the relative costs and resource requirements of each intervention, so that relative effectiveness can be weighed up against possible resource implications. This information is sometimes difficult to obtain, so will be dependent on the data available.

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Appendices

Appendix 1 Exclusion criteria for the systematic map

Studies will be excluded hierarchically for any of the following reasons:

1) **Date:** not published in or after 1995

2) **Geographical location:** not conducted in the UK

3) **Population:** study does not include adults 16 years or older

4) **Intervention:** not a program that contains both a component aimed at improving cooking skills and a knowledge component that deals with what to cook.
   In addition, exclude if the intervention**:**
   - Does not target people who, prior to the programme, consider themselves as unable to cook 'from scratch'. That is, it should not be a training course for people who already have basic cooking skills or knowledge.
   - Is offered as a part of the secondary school curriculum;
   - Leads to a professional qualification

5) **Outcomes:** study does not include outcomes for adults 16 years or older

6) **Research design**: Not an outcome or process evaluation (or, if a process evaluation, does not present systematically the evaluation's methods and results (e.g. by using report headings to separate out this information)

7) **Reporting data:** does not report outcome data (i.e., effectiveness or cost-effectiveness data) or process data (e.g., drop-out rates, course satisfaction ratings, costs data).

Appendix 2: Search sources

Bibiliographic databases and specialised registers

Health
Cochrane Library
Database of Promoting Health Effectiveness Reviews (DOPHER)
EMBASE
HealthPromis
Psycinfo
Pubmed
Trials of Promotiong Health Interventions (TRoPHI)

Education
British Education Index
ERIC

Social Science
ASSIA
Campbell Library
Community Abstracts
IBSS
Social Services Abstracts
Social Policy and Practice
Social Science Citatin Index

Other science and nutrition databases
CAB Abstracts
Science Citation Index

Economics
ECONLIT
IDEAS Repec

Dissertations
ETHOS instant access full text only)
British Index to Theses
Dissertation Abstracts

Websites, search engines other databases

- British Library Integrated Catalogue
- Child and adolescent health research unit

- Community Food and health (Scotland)
- EPPI-Centre database of Mapping study of large-scale and local schemes to attain healthy weights among obese and overweight children in England
- Faculty for Public Health
- FADE library - North West Grey Literature Service
- Food and health alliance Scotland
- Food Standards Agency repository (foodbase)
- Food Vision
- Google
- Google Scholar
- Healthy Food for All
- IDEAS – food and nutrition
- Joseph Rowntree Foundation
- Kings Fund library
- National Obesity Observatory for England
- NHS Evidence
- NHS health Scotland library
- NICE
- Northern Ireland social policy research base
- Nuffield Foundation
- People in Public Health database
- Physical and Nutrition Networks Wales
- Policy hub
- Schools and health education unit, 16+
- Scottish Government publications
- SIGLE
- Social Care online website
- Social issues research centre
- Social policy digest
- Social Science Research Network
- Sustain web (including database of food initiatives)
- Welsh government social research

Citation searching of included studies

Google Scholar and Web of Science Cited Reference search

Appendix 3: Example search strategy for bibliographic databases

Concepts:

a) Cooking AND skills [AND a sensitive UK filter] for larger databases; OR
b) food AND community initiatives

Date limit 1995-current

The search will be adapted for individual databases. For example, for the Education database, ERIC, the only cooking terms will be searched and restricted by education level for those aged 16 and over. For Pubmed, EMBASE and Psychinfo, and other databases, where necessary, a sensitive UK search filter is used in order to limit the number of records obtained. Proximity searching will be used for some of the cooking AND skills concepts. E.g. cooking within 10 words of skills.

Example search for ASSIA using the CSA platform

DE= descriptors, TI= title, AB = abstract, Within 5 = proximity search of within 5 words of each other.

a) Cooking and Skills
   No of records: 433, on 1/2/2011

(((DE="cooking") or(DE="food preparation") or(DE="home economics") or(DE=("eating behaviour" or "food habits"))) or(TI=(Culinary OR Chef OR chefs OR cheffing OR Cook OR cooks OR cooking OR cookery OR preparing within 5 food OR meal* within 5 preparing OR food within 5 preparation OR meal within 5 preparation OR "food skills" OR "food management skills" OR "Menu planning" OR "Meal planning" OR "planning meals") OR AB=(Culinary OR Chef OR chefs OR cheffing OR Cook OR cooks OR cooking OR cookery OR preparing within 5 food OR meal* within 5 preparing OR food within 5 preparation OR meal within 5 preparation OR "food skills" OR "food management skills" OR "Menu planning" OR "Meal planning" OR "planning meals"))) and(((DE=("life skills training" or "life skills" or "skills" or "technical skills")) or(DE="skills training") or(DE=("adult education" or "adult learning" or "assessment" or "civic education" or "cluster evaluation" or "community based" or "community education" or "courses" or "evaluation" or "facilitators" or "group evaluation" or "health education" or "pilot schemes" or "pilot studies" or "process evaluation" or "short courses"))) or(TI=(School OR schools OR schooling OR Course OR courses OR Class OR classes OR Lesson OR lessons OR Teaching OR taught OR Train OR training OR trained OR Skill OR skills OR skilled OR skilling OR re-skilling OR lifeskill OR lifeskills OR life-skill OR life-skills OR

Practice OR practices OR Technique OR techniques OR Adult within 5 education OR adult within 5 educating OR "Adult learning" OR Community within 5 education OR community within 5 educating OR "Community learning" OR "Independent living" OR Demonstration OR demonstrations OR demonstrating OR Competency OR competencies OR competence OR Intervention OR interventions OR Campaign OR campaigns OR Program OR programs OR programme OR programmes OR Project OR projects OR Scheme OR schemes OR Initiative OR initiatives OR "food for life" OR "get cooking" OR "focus on food" OR "cooking buses" OR "let's cook" OR "Women's Institute" OR "ministry of food" OR "Alive 'n' Kicking" OR "Connect 3" OR "getting our active lifestyles started" OR "jump start" OR "on the go") OR AB=(School OR schools OR schooling OR Course OR courses OR Class OR classes OR Lesson OR lessons OR Teaching OR taught OR Train OR training OR trained OR Skill OR skills OR skilled OR skilling OR re-skilling OR lifeskill OR lifeskills OR life-skill OR life-skills OR Practice OR practices OR Technique OR techniques OR Adult within 5 education OR adult within 5 educating OR "Adult learning" OR Community within 5 education OR community within 5 educating OR "Community learning" OR "Independent living" OR Demonstration OR demonstrations OR demonstrating OR Competency OR competencies OR competence OR Intervention OR interventions OR Campaign OR campaigns OR Program OR programs OR programme OR programmes OR Project OR projects OR Scheme OR schemes OR Initiative OR initiatives OR "food for life" OR "get cooking" OR "focus on food" OR "cooking buses" OR "let's cook" OR "Women's Institute" OR "ministry of food" OR "Alive 'n' Kicking" OR "Connect 3" OR "getting our active lifestyles started" OR "jump start" OR "on the go")))

b) Search targeting food and community initiatives and lay workers

No of records: 108, on 15/2/2011

(DE="nutrition" OR KW="food" or KW=cooking) AND ((DE=Community-based) OR TI=(lay WITHIN 5 worker*) or (community WITHIN 5 worker*) or (community nutrition*) OR (community WITHIN 5 helper*) OR (community WITHIN 5 group) OR (community WITHIN 5 groups) OR (peer educat*) OR (health worker*) OR (village worker) OR (lay WITHIN 5 advis*) OR (community WITHIN 5 volunteer*) OR (community WITHIN 5 project) OR (community WITHIN 5 initiative*) OR (community WITHIN 5 scheme*) OR (community WITHIN 5 projects) OR (community WITHIN 5 program*) OR AB=(lay WITHIN 5 worker*) or (community WITHIN 5 worker*) or (community nutrition*) OR (community WITHIN 5 helper*) OR (community WITHIN 5 group) OR (community WITHIN 5 groups) OR (peer educat*) OR (health worker*) OR (village worker) OR (lay WITHIN 5 advis*) OR (community WITHIN 5 volunteer*) OR (community WITHIN 5

project) OR (community WITHIN 5 initiative*) OR (community WITHIN 5 scheme*) OR (community WITHIN 5 projects) OR (community WITHIN 5 program*))

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