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Feasibility of a culturally adapted healthy eating and cooking intervention to promote awareness and skills amongst Community service users and staff in Leeds, UK: Preliminary Findings from a pre post study

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Cultural adaptation of food-based healthy eating resources may help people from different ethnic backgrounds to overcome some of the barriers to choosing and preparing diets reflecting Government recommendations⁽¹⁾. Aimed at addressing existing health inequalities in the UK, diversifying healthy eating resources may also increase practitioners' cultural competency⁽²⁾ when supporting people from different ethnic backgrounds. This study aimed to evaluate the feasibility and potential impact of a culturally adapted healthy eating education and cooking intervention featuring traditional African Caribbean foods with community service users and staff in Leeds, UK.

Following ethical approval, a non-controlled, pre-post follow-up intervention study design was used in partnership with staff at the Community organisation site in February-April 2023. The 2-session culturally adapted in-person intervention included co-developed healthy eating and recipe⁽³⁾ resources along with cooking sessions featuring traditional African Caribbean foods. Participants and staff were recruited from existing service-users/staff lists via email, phone messages and posters. Participant and staff feedback on the intervention was sought verbally and via post-session and follow-up questionnaires. Questionnaire items included those evaluating participants' satisfaction, familiarity with new resources, and confidence using healthier recipes. Also evaluated were staff practitioners' confidence and perceived cultural competence when providing healthy eating advice to people from different ethnic backgrounds. Preliminary descriptive statistics of pre and post questionnaire data are reported here.

A total of 27 participants and 9 staff were recruited and participated in sessions. Pre and post-questionnaire data was obtained from 21 participants who were mostly female (n = 18, 86%), aged 56–65 years (n = 9, 43%), and of Black Caribbean or African ethnicity (n = 10, 48%), with 33% (n = 7) having no formal education. Following the sessions, most participants (99%) were very satisfied with the session, and reported now being familiar (100%, n = 21) with culturally adapted healthy eating guidance. Most were also at least "confident" or higher about using the new recipes (n = 21, 100%), ingredients (n = 21, 100%) within budget (n = 18, 86%). All nine staff (100%) worked in roles supporting people from various backgrounds with healthy eating, and were mostly of ethnicities which were not Black Caribbean (65%, n = 5). Most (n = 6, 67%) reported high confidence in using the intervention and resources and foresaw occasional or more frequent use (100%, n = 9) of the healthy eating imagery, discussions and resources, to help meet the needs of people from different ethnic backgrounds.

Preliminary findings indicate this new culturally adapted healthier eating intervention is feasible to undertake in the community and well regarded amongst participants and staff. Further analysis on pre, post and follow up data is warranted to evaluate potential for impact on health-related skills and behaviours related to healthy eating, and staff cultural competence.

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References

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