

Cook Your Way to a Healthier Life: From Theory to Practice

Jane Philpott MA (Oxon), MSc, PhD

As both trainee and fully-fledged nutritional therapists, we develop detailed knowledge in a wide range of areas relevant to human nutrition. We learn about the chemical composition of food, the role of nutrients in complex biochemical pathways, the physiological effects of imbalances of these nutrients, medical terminology, the aetiology of different diseases, and the psychology of behavioural change. All of this is important. At the end of the day, however, our goal is to encourage our clients to eat foods which provide their bodies with the nutrients they need for optimum health and well-being.

Most reputable authorities agree that a healthy diet is high in vegetables and fruit, and includes fibre-rich whole grains, adequate quantities of protein and essential fats, whilst being low in saturated fat, salt and sugar.

Unfortunately, the National Diet and Nutrition Survey¹ found that:

- 92% of children consume more saturated fat than is recommended
- 86% consume too much sugar
- 72% consume too much salt
- 96% do not eat enough fruit and vegetables

The same is true for the adult population.

Childhood obesity is widely recognised as one of our most pressing public health concerns². Indeed, the UK now has the highest rate of obesity in Europe and one in three children is overweight or obese³. Obesity in children under 11 has risen by 40% in ten years and if this trend continues, half of children will be overweight or obese by 2020.⁴

The consequences of childhood obesity are clear: incidences of high blood pressure, raised cholesterol and even clogged arteries in children are rising. Obesity in childhood is likely to develop into obesity in adulthood, increasing the risk of heart disease, diabetes or cancer later in life⁵. The psychological impact of obesity can be as damaging as the physical impact. Being overweight or obese is associated with increased levels of distress, disadvantage and social problems.⁶

Given that we have general agreement about which foods we need for optimum health, and which we should avoid, and that there is plenty of information in the public domain about healthy eating, why do so few people follow the guidelines?

Dr Martin Caraher, Reader in food and health policy at City University, believes that an important barrier to healthy eating in the UK is a lack of practical cooking skills. He has published research on the importance of cooking skills in determining children's health.⁷

Dr Caraher used data from the 1993 Health and Lifestyles Survey of England to explore how, why and when people use cooking skills; and where and from whom people learn these skills.

The first or prime source of learning about cooking skills was reported to be mothers; cooking classes in school were cited as the next most important by the majority of correspondents, with some class and educational variations. The importance of mothers as sources of information on cooking skills was observed in all social classes.

Emerging from this study was a picture of a population unsure of specific cooking techniques and lacking in confidence to apply techniques and cook certain foods. Women still bear the burden of

cooking for the household, with four out of five women respondents cooking on most or every day, compared with one in five men. One in five men claimed to have no cooking skills at all.

In a briefing for the School Food Trust, Dr Caraher concluded that:

“Cooking skills are:

- Necessary for the understanding of what constitutes a healthy life
- An important part of an empowerment process for individuals who wish to exercise control over diet and food intake, whether by cooking and preparing their own food or by knowing/understanding the processes that go into ready prepared foods; and
- A vehicle by which citizens can engage with the social norms of a society in which food is central both for existence and identity

Poor cooking skills could be a barrier to widening food choice in later life and thus reduce the chance of eating healthily. Indeed, a recent study from the National Consumer Council (2003), reported that respondents on low incomes identified [one of] the barriers to a healthy diet as being....not being able to cook”.⁸

A report for the Health Education Authority suggested that developing children’s food skills could have a positive impact on health:

“Skills, and particularly the confidence to use them, could be an important determinant of health behaviour. The data presented here and elsewhere support the development of a national policy to enhance cooking skills. For example, cooking classes or some practical element of ‘hands on’ skills should feature in a young person’s curriculum at some stage at school”.⁹

Other studies have shown increased fruit and vegetable consumption among child and adult participants in food skills clubs or classes. Food skills lessons do appear to have an effect in improving the diet of participants.¹⁰

Since the national curriculum was introduced in 1988, children have not been learning the practical skills to prepare food. Home Economics was abandoned in favour of the more modern-sounding “Food Technology”, a subsidiary of the Design and Technology curriculum.

Anita Cormac, a campaigner for teaching cooking in schools, said:

“Children today will be lucky if they get half a dozen lessons in their whole school life. And often they won’t be serious lessons. At worst they make a pie with a tin of apple filling and a packet of crumble, or make the topping for a bought-in pizza base.”

Children themselves have reported that their Food Technology assignments included writing a marketing plan for Tesco’s pizzas, developing packaging for supermarket jellies and doing a project on airline food. They learnt nothing about ingredients, equipment or methods of cooking.

There is a general acceptance among teachers, parents and school inspectors that the current food curriculum does not equip children to cook healthy meals.

In 2006, Ofsted reported that:

- “There is a shortage of specialist teachers of food technology. As a result, provision is reduced and, in some cases, abandoned, together with the closure of specialist teaching rooms.
- Pupils are required to bring their own ingredients: as a result, in many schools, a number of pupils are unable to take part in cooking because they cannot afford, forget or refuse to bring ingredients.
- Most schools where the work is timetabled in 50 or 60 minute single lessons find it difficult to provide enough time for practical cookery”.¹¹

Ofsted also acknowledged that funding needs to be provided to ensure that pupils are provided with effective food skills lessons.

It was against this background that the government announced in January 2008 that from 2011, food technology lessons, including hands-on practical cooking lessons, will be compulsory for every 11-14 year old. They also committed £2.5 million a year to be invested to cover or subsidise the cost of cooking ingredients for children on free school meals.

Cooking is already compulsory in primary schools and the new food technology curriculum for 11-14 year olds introduced in September 2008 puts renewed focus on practical cooking skills. Every secondary school pupil is also entitled to take part in the Licence to Cook Programme, where students learn to cook and understand the principles of diet and nutrition, health and safety and wise food shopping.

The Secretary of State for Children, Schools and Families, Ed Balls, said: "Too many people simply accept they cannot cook; do not have time for it; or even take pride in it. We've lost touch with making basic dishes from scratch, even though there has never been a wider range of food in our shops. Once you've mastered basic dishes and techniques it is a straightforward skill which you can build on for the rest of your life. Food prices may be rising but you can still prepare nutritious, tasty dishes if you can shop, budget, plan and cook properly."

It is clear that progress is being made but it is still not compulsory to provide cookery lessons at Key Stage 3 in schools and many adults remain unable to do anything more than microwave ready meals.

We know from the research reported by Caraher *et al* (1999)^{Error! Bookmark not defined.}, that the first or prime source of learning about cooking skills is mothers and that one in five men claim to have no cooking skills at all.

If we really want to change eating habits and our health in the UK, it would seem logical to provide training in cookery skills to adults as well as to children.

The government is apparently wary that public health policies such as cookery lessons for adults might be perceived as the actions of a "nanny state", so have avoided going down that route. This is unfortunate but does create an opportunity in the market for delivering cookery classes to adults on a private basis.

In March 2008, I launched a cookery school in Somerset called "Cooking for Health", which aims to promote health and vitality through education on the links between nutrition and different aspects of physical and mental well-being, with a strong emphasis on practical cookery skills.

The classes run from 10am to 5pm on Saturdays or Sundays and involve 2-3 hours teaching of nutritional theory and 2-3 hours of practical hands-on cookery tuition. The teaching of theory is done using clear, easy-to-follow presentations and handouts with plenty of opportunity for questions and discussion. The practical cooking culminates in the students sharing the three course lunch, typically with at least seven different dishes, which they have prepared themselves.

Initially, classes were run solely in a local village hall kitchen, which is modern and well-equipped. Additional portable gas stoves are provided to increase cooking capacity. In April, I was approached and asked if it would be possible to run "Cooking For Health" classes at a local natural health centre, to complement the range of preventative health activities they currently offer. So now teaching is based in both venues. In principle, the classes can be run anywhere, as literally everything except the kitchen sink can be transported in the back of my car.

All cooking classes use natural, whole and where possible, seasonal organic foods. We concentrate on vegetarian foods such as whole grains, vegetables, beans and pulses, other vegetarian proteins such as tofu, tempeh and seitan, sea vegetables, fruits, seeds and nuts, and traditional seasonings such as miso, pickles and condiments. We do not use meat, dairy foods or refined sugar in any classes, but we do sometimes include fish.

The initial plan was to run seven classes, covering a range of topics including "Managing Your Weight Naturally", "Food and Emotions", "Balancing Hormones Naturally", "Beating Stress and Fatigue" and

“Boosting Your Immune System”. In the end, I had to run some of the classes four times, some of them three times and the rest of them twice to cope with the demand. The original series of classes has been repeated this autumn and will continue in 2009, with some new classes being included.

The client profile has been very varied, with the youngest being 17 and the oldest 76. A surprising number of men have come along, most of them with health problems including diabetes, heart disease, depression and concerns about their weight. As far as the women are concerned, some have come because they have young children and want to know how best to feed them; some feel low in energy and fatigued; some are conscious that they are eating unhealthily but have been confused by all the conflicting information in the public domain and want advice about what to do; some have never been taught how to cook and want to increase their confidence; some want to lose weight; and others have come with a range of health problems including breast cancer, ME, depression, osteoporosis, menopausal symptoms, arthritis, stress, and food allergies. In addition, a few have come because they themselves are involved in helping others with health problems, such as a counsellor in a GP practice, a yoga teacher and a homeopath, and want to learn something about nutrition to assist their clients.

Whatever their reasons for enrolling, few have experience in cooking with the whole foods that are recommended in so many books on nutrition. Even fewer have ever cooked with sea vegetables and most report disastrous culinary experiments with vegetarian proteins such as tofu and tempeh. The excitement on learning new ideas for preparing and serving vegetables, thus breaking the monotony of boiled broccoli, is frequently palpable.

The fact that people are willing to pay and that my classes are often oversubscribed, indicates that there is demand amongst the adult population for learning more about healthy eating and for improving cooking skills. Feedback from all client groups has been extremely positive and students particularly enjoy the combination of nutrition theory and practical cooking:

Of course, the problem with private cookery lessons is that people of lower socio-economic status, who often have the greatest need, may be prevented from participating. Indeed, even those who are better off financially may struggle when the economic climate is harsh.

There is, however, no reason in principle why GPs could not refer patients to healthy cooking classes, for example, as part of a preventative health programme, in the same way that patients are referred for advice on exercise. If Primary Care Trusts were to commission such services via the GPs, it would mean that people on a low income would also be able to participate, thereby reducing health inequalities. In Somerset, for example, there is only one Health Promotion Worker for obesity and one for mental health for the whole county (population 500,000). It is likely that a similar situation exists in other parts of the country.

Never has the need for education on nutrition and practical cookery skills been greater. Success in changing the nation's eating habits and, thus, in improving the nation's health, requires more than just providing information on healthy diets. We also need to teach practical skills in the preparation and cooking of simple and nutritious food. Without cooking skills, the healthy living choices people can make are severely limited and a culture dependent on ready-prepared meals is perpetuated. “Cooking for Health” classes help to increase confidence, skills and nutritional knowledge. They also encourage and inspire participants to prepare balanced, simple, interesting and affordable meals for themselves at home, thus turning the theory into practice.

About the Author

Jane Philpott is a Dietary Educator and Analyst as well as holding an MA (Oxon), MSc and PhD in the Life Sciences. She spent 22 years researching and working on the global production of food in academia and industry and has also trained as a cookery teacher and runs popular “Cooking For Health” courses throughout the year in Somerset. She is currently working towards a BSc in Nutritional Therapy at CNELM. For further information about the “Cooking for Health” classes, please telephone 01458 224606 or email janekphilpott@googlemail.com.

References

1. Gregory, J. *et al.* National Diet and Nutrition Survey: Young People Aged 4-18 years .The Stationery Office, 2000
2. Health Check: On the state of public health: Annual Report 2002. Department of Health 2003
3. OECD Factbook 2006 – Economic, Environmental and Social Statistics. OECD, 2006
4. Health Survey for England 2004. The Stationery Office, 2006
5. Freedman, D.S. et al. Relationship of Childhood Obesity to Coronary Heart Disease Risk Factors in Adulthood: The Bogalusa Heart Study. *Pediatrics* Vol 108 No. 3 2001, pp 712-718
6. <http://www.youngminds.com>
7. Caraher, M.; Dixon, P.; Lang, T.; Carr-Hill, R. The state of cooking in England: the relationship of cooking skills to food choice. *British Food Journal*, Vol 101, No 8 1999, pp 590-609.
8. Dr Martin Caraher, Briefing for the School Food Trust Centre for Food Policy, City University, 2006; <http://www.sustainweb.org>
9. Tim Lang, Martin Caraher, Paul Dixon and Roy Carr-Hill, *Cooking Skills and Health* Health Education Authority, 1999.
10. Revill, S.A.; Adamson, A.J.; Stacy, R.; Hooper, J. and Moynihan, P. The effect of an after-school 'Food Club' on intake of food and nutrients by children from deprived social backgrounds. *Proceedings of the Nutrition Society* 60 2001; J. Cresswell, *Get Cooking Project Report* Greater Glasgow Health Board Promotion Department, 1995.
11. Food Technology in Secondary Schools. Ofsted, 2006