In 2009 the towns of Dungog, Gresford and Vacy, were identified as targets by the Regional Health Services Program (RHSP), a Commonwealth funded program aimed at providing primary health care services for communities with populations of less than 5000. As a result the Dungog Eat Well (DEW) project was developed and facilitated within the Dungog Shire. The aim of the project was to reduce current Dungog service waiting list for clients requiring medical nutrition therapy for hyperlipidaemia or weight control. The original DEW program proved successful and project outcomes were met, which included advocating for the program’s expansion into the area of health prevention.

Increasing Community Capacity Building within the Dungog Shire was highlighted as an area of potential program growth.

The Dungog Shire Community Centre (DSCC) has been supporting the communities of the Dungog Shire for 30 years. One of the many programs offered to the Shire through the Community Centre is an Emergency Relief Program. Through this program it was identified that many families were becoming reliant on the support of this program for food vouchers. Further investigation showed that often these food vouchers were used to purchase frozen food items, such as pies, potato chips and other food that required little to no cooking. The Community Centre decided that a program to support families and community members would be complimentary and support the Emergency Relief Program and its recipients.

DSCC approached the local dietitian in the hope that a partnership program could be developed to design a program/activity to build skills and knowledge around cooking, healthy eating and budgeting. A Community Kitchen was identified as one such project which could be incorporated into the theme of the original DEW program, whilst providing opportunity for areas of capacity building with key community stakeholders.

A search of the internet and dietetic share drives was conducted to identify already existing programs of which could be adapted to suit the preposed Community Kitchen. A key find included the website http://communitykitchens.com/, which detailed a complete Community Kitchen program. This program was developed by a dietitian from the Peninsula Health’s—Frankston Community Health Service in Victoria, who adapted the model from a Community Kitchen originally developed in Canada.

A Community Kitchen is defined as ‘a group of like-minded individuals come together on a regular basis to socialise and cook affordable and nutritious meals. The participants then sit down to share the meal or divide it up for each person to take home. Through buying and cooking in bulk, many Kitchens are able to produce meals at a lower cost than individuals who cook at home for themselves’ (www.communitykitchens.com).

Other useful programs identified were Food Sense and Cook and Chat, as well as resources such as the Step by Step Cookbook. Suitable resources were identified and were printed as required, with others being modified to suit the Dungog preposed Community Kitchen. Other resources such as sections of the Step by Step cookbook and budgeting activity sheets from the Food Sense program were also included in participant folders.

A partnership with DSCC was formed with manager Sarah U’Brien becoming a key stakeholder in the development of the Community Kitchen. DSCC was able to identify appropriate potential participants, which initially focused on recruiting women from disadvantaged backgrounds. The Community
Kitchen was also generally advertised and attracted a few members who were simply interested in meeting new people and improving cooking skills. Mentors were recruited from the local Anglican Church; and included a retired Home Economics Teacher.

The Dungog Anglican Church kindly gave permission for the Community Kitchen to utilise their church kitchen and cooking equipment. The Dungog St Vincent De Paul provided donations such as aprons and basic utensils. Woolworths donated $350 worth of supermarket vouchers to assist the setup of the kitchen, with the Dungog IGA also providing donations at a later date.

An initial meeting was held with DSCC representatives and mentors to establish a project outline. This meeting provided an opportunity for mentors to develop an overview of the Community Kitchen and to discuss how this program could be adapted to suit their community. Their role as a mentor and overall program expectations were also clarified.

A preposed program outline including eight sessions (one planning and seven cooking) was developed as a basic guide. Session plans were only viewed as a rough guide however, as the original Community Kitchen program encourages ... ‘The Community Kitchens are owned and driven by the participants. They make all the decisions about the running of the group including how often the group meets and what they will be cooking’ (www.communitykitchens.com).

During the initial planning session (including both participants and mentors) it was decided that the Dungog Community Kitchen would be facilitated on a Tuesday from 9.30 am – 12.00 pm. The group collaboratively named their kitchen 'The Dungog Chefs’ and agreed that a five dollar weekly contribution would be made by all participants.

Each session consists of the preparation and cooking of a main meal and a dessert, loosely following the program session outlines. Meals are chosen based on participant likes and dislikes, supply leftovers from previous cooking sessions and their cost. In the beginning recipes were accessed by the facilitating dietitian from online databases such as www.taste.com and cook books owned by the mentors. As skill, confidence and knowledge has developed kitchen participants are bringing in ideas and recipes from home, from internet searches and from meals seen on popular cooking television shows. The recipe selection by the cooks has demonstrated an increase in food knowledge as well as diversity of palate. For the preparation of the foods, supplies are split into groups of 2-3, allowing for multiple serves to be produced. During this process, mentors and participants share their skills and knowledge of food preparation and cooking. Once the foods are ready, the group sit down with their children and shared the meal. This time is often used to discuss other cooking interests, as well as choose recipes for future sessions. At the conclusion of the meal, both participants and mentors clean the kitchen and eating area.

A healthy eating and budgeting session was also presented by the dietitian mid-term, included in the program as a result of participant request. Healthy lunch box information sessions were also facilitated at the beginning of each program to support participants as their children commenced a new school year. This has been a well-received introduction session for new kitchen members, as it has been identified as an issue for families and is a fun and simple way to start the learning of new skills and knowledge. These additional session topics have become regular presentations in the Community Kitchen calendar. A supermarket tour was also arranged and hosted by the dietitian with a focus on label reading and budgeting, a popular activity with mentors and participants. The Dungog Chefs also attended a local privately owned butcher and were provided with an overview of quality, cheap meats and ideas on how to prepare the different cuts.

Identifying healthy recipes and the modification of unhealthy was also a focus within the group. A well-received information and skill development activity was the assessment of a recipe for its nutritional value. At the commencement of each program, recipes were selected to prepare over the eight weeks. When a recipe was chosen, the group assessed the ingredients and cooking methods to determine amounts of salt, fats and fibre. The group then discussed possible recipe modifications to reduce the
levels of salt and fats and to increase fibre where able. Other recipe modifications have also included the making of gluten free options.

To determine program success, a pre and post program questionnaire was developed and completed by the first Community Kitchen group. Initially it was identified that very few participants had the ability to read and follow a recipe, had limited understanding of food, were not confident with their cooking techniques and lacked knowledge of healthy eating and food budgeting. Post program findings indicated success when 100% of participants reported an increase in knowledge. Budgeting, identifying healthier alternatives when eating out and being able to provide healthier foods within the home for children were all common themes when participants were asked to comment.

Access to healthy foods was also questioned, with the group initially indicating no barriers. Post program data however included many participants rating their access to healthy foods as average to low. At the completion of the program this was discussed with the group who identified a change in reporting was due to the fact they now had a different understanding of 'healthy foods'. Accessing healthy foods can be a major issue for people residing in small rural towns such as Dungog, with only one supermarket and the nearest major local city being a one hour drive away. As a result of this identified need, the community centre developed a garden, with produce being utilised by the Community Kitchen. Another program called 'Fresh Food Fare' was also established by the community centre. This involved local community members donating home grown produce to be shared with others. Furthermore, one Community Kitchen participant developed a fruit and vegetable co-op, which is also accessible to general community members. Since the introduction of the Community Kitchen local welfare agencies have noted a change in the community dubbed 'extraordinary'. In the first year alone $3000 was saved through the reduction of food vouchers being sort by participants in comparison to the previous year.

It was further highlighted through the program evaluation and group conversations that there was also a positive shift in confidence in basic cooking skills for 80% of participants. Post program discussions with mentors actually highlighted how impressed volunteers were with the level of skills displayed. As a participant quoted, "In the time that I have been coming to the kitchen I have gained more confidence. I have also entered items into the Dungog Show which I would never have thought of doing before coming here". This is a prime example of the increase of confidence felt by all, with participants being awarded many prizes in the cooking section of the local show. When reflecting on the changes evident within participants, a mentor quoted "It was wonderful to see the pride in the kitchen cooks when we saw all our first places! (in the Dungog Show). And to then see the mothers share their pride with their children, was great—it's what community kitchen is all about—helping families make positive changes for themselves and their kids."

Informal conversations were also held with mentors and participants at the conclusion of the initial eight week program, which also provided extremely positive feedback. Numerous comments gave the impression that the Community Kitchen had bridged generation gaps which is viewed as important in small rural towns. It provided an opportunity for older generations to interact and get to know younger community members, which led to the offers of babysitting and invitations shared for Tupperware parties. Participants reported an increase in social confidence, the simple gesture of saying hello to others when shopping, being invited to other social activities and feeling accepted in the different social circles of a small town.
Initially participants were referred to the program through the Community Centre and other local support agencies. Over time however, new members have been recruited through friends, local media, word of mouth and Facebook. Another key development early in the program was the introduction of child minding, as it was identified that many mothers had young children which was a safety issue in the kitchen. A volunteer was then recruited to supervise the children, who also facilitated healthy food based activities such as making fruit kebabs and supermarket junk mail collage craft.

To date, the Community Kitchen has been running for two and a half years with growth and development within the group as a whole, as well as for the individuals involved and their families. At the end of each term a review has been held with participants and mentors, with positive feedback consistently provided. Most notably has been the continuation of the cross generational connection within the group, which continues to be a credit to the kitchen as well as those involved. As for the community as a whole, the impact of the Community Kitchen will without doubt be evident for years to come. From its initial beginnings of a government health supported program to a fully sustainable long term program, the Dungog Community Kitchen is evidence of how local level community partnerships can have long term, tangible and real benefit for the communities and people we service and support.