

Healthy Cities Australia - Program

• Cook Chill Chat

# Case Study



**Healthy People.**  
**Healthy Cities.**

# About Healthy Cities Australia

Healthy Cities Australia (HCA) is a not-for-profit organisation committed to improving the health, well-being, and social equity of communities across the Illawarra and Shoalhaven regions. Established with a vision to create healthier environments for all, HCA focuses on addressing social determinants of health, promoting sustainable lifestyles, and reducing health disparities through innovative, community-driven programs.

Guided by core values of integrity, collaboration, inclusivity, and equity, HCA delivers a range of initiatives that empower individuals and families to make healthier choices, build stronger social connections, and improve their quality of life. Through partnerships with local governments, community organizations, and academic institutions, HCA supports health promotion activities, including physical activity, nutrition education, mental well-being, and social inclusion.

With a long-standing history of impactful community engagement, HCA is dedicated to fostering a culture of health and resilience across diverse populations in the region.

## Acknowledgement of Country

We acknowledge the Traditional Custodians of the lands on which we live and work. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and emerging and extend that respect to all Aboriginal and Torres Strait Islander people.

• Introduction

# Cook Chill Chat

The Cook Chill Chat (CCC) program is a community-based cooking initiative developed by Healthy Cities Australia (HCA) in 2015. CCC addresses food insecurity, social isolation, and poor nutrition by bringing together community members to cook and share healthy meals. Operating within existing community services, the program is particularly targeted at individuals from low socio-economic backgrounds, Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse groups, and people with disabilities.



## Key Highlights

- 90% of participants are women, with a large proportion from CALD backgrounds and Indigenous communities.
- 67% of participants are aged 26-64, while 27% are aged 65 and over.
- 21% of participants reported a disability or impairment.
- Over 40% of participants were born outside Australia.
- ASVB analysis shows the program generated a net benefit of \$492,037, with an average benefit-cost ratio of 1.64.
- Each participant contributed an estimated net benefit of \$750, demonstrating a strong return on investment.

**By bringing community members together to cook, eat, and engage in meaningful conversations, CCC actively strengthens social ties and builds healthier habits. With evidence-based approaches in health promotion and community development, CCC continues to create lasting change in participants' lives.**

# Overview

## 01 Program Features

The Cook Chill Chat (CCC) community-based cooking program has been developed in 2015 by Healthy Cities Australia (HCA), a not-for-profit organisation in the Illawarra-Shoalhaven region of New South Wales, Australia. The CCC program brings members of the Illawarra community together to cook and share a meal within existing community services, especially those of low socio-economic status (SES) populations, where many residents face barriers to accessing healthy food options and experience higher levels of social isolation. CCC actively addresses such challenges by bringing members of the community together for cooking sessions and social activities implemented within existing community services. This innovative approach fosters social cohesion and promotes healthy eating habits, while also empowering participants with the skills to prepare budget-friendly and nutritious meals.

## 02 Program rationale

CCC directly responds to the urgent need for stronger social connections and healthier communities, both physically, emotionally, and mentally. CCC actively tackles social isolation and malnutrition, particularly among vulnerable groups including elderly individuals, Aboriginal and Torres Strait Islander people, women from low socio-economic backgrounds, people living with disabilities and their carers, as well as culturally and linguistically diverse individuals.

CCC draws upon Social Capital Theory, which highlights the importance of community and social connections in fostering well-being (ScienceDirect, n.d.-a). Research suggests that social interaction through shared experiences, such as cooking and eating together, can significantly improve physical and mental health. Behavioral Activation Theory supports the notion that participation in communal activities promotes mental well-being by enhancing social connectedness and reducing feelings of isolation (ScienceDirect, n.d.-b). In line with these theories, CCC creates opportunities for shared experiences, fostering a sense of belonging, reducing social isolation, and improving participants' overall quality of life.

## 03 Goals

The CCC program primarily aims to reduce social isolation, strengthen community connections, and enhance the mental, physical, and emotional well-being of participants. Through shared cooking and social activities, CCC fosters a sense of belonging and community engagement. Additionally, the program seeks to boost participants' cooking skills, improve their nutrition knowledge, and support them in planning, shopping for, and preparing healthy, budget-friendly meals.

## 04 Structure & development

HCI follows a comprehensive and clearly developed methodology to implement all program components. The program is structured to involve weekly sessions where participants come together to prepare and share a meal. Each session is facilitated by trained staff who guide the cooking process and encourage social interaction. The program is designed to be easily replicable, with detailed manuals provided to ensure that others can implement similar programs in their communities.

The key personnel involve:

1. HCI's Health Promotion Officer: responsible for planning, delivering and evaluating the CCC program
2. Program partners: community organisations partners to deliver a CCC program for their clients or community. Program partners provide a venue or help secure a kitchen space, promote the program through existing networks, recruit participants into the program, and be present during program (where possible)
3. Volunteers: The role of the volunteer is to co-facilitate the CCC program with the Health Promotion Officer from HCI, for example assist with the recording of weekly attendance sheets and evaluations, assist with setting up kitchen and ensuring that it is left clean and tidy.

All personnel partake in facilitation comprehensive training by HCI prior to implementing the CCC program.

## 05 Content

The content of the program includes two core models, (1) cooking session and (2) social sessions to support nutritional education, social interaction, and cooking skills. The program is malleable to be implemented for 12, 8 or 6 weeks depending on the need of the community and/or available funding.

For the cooking sessions, the group will cook an easy, quick and nourishing meal to share. It is not a cooking demonstration, but an opportunity to develop cooking skills in a supportive environment. The meal is enjoyed together, followed or preceded by an education component, discussing different nutrition, health and sustainability related topics.

For the social sessions, the group will actively engage with a range of community-based activities designed to enhance social interactions and increase awareness of existing programs and services. These sessions are co-designed by participants, who select activities during the first CCC session. The program provides direct exposure to community assets like local health services, educational opportunities, and support groups, ensuring that participants are better equipped to access broader resources that will benefit their health and well-being long after the program concludes.

### Cooking session activities include

1. Together in the kitchen
2. Eat Well Live Well
3. Get to know your food
4. Takeaway the junk food
5. Savvy savers
6. Love Food Hate Waste
7. Become a storage master
8. Celebrating our food future

### Social session activities examples include

1. Community garden
2. Community events
3. Farmers markets
4. Library
5. Community Centre tour
6. Affordable food outlets
7. Exercise class

## 06 Training & Support

Program implementation is supported by the facilitators including program partners and volunteers. Prior to the start of each program, training of facilitators includes a one-day (8 hours) onboarding, trauma informed practice training and cultural sensitivity training. The one-day training also consists of understanding the CCC nature, roles and responsibilities, risk management, health and safety and in depth understanding of all lessons/activity plans.

Facilitators are also provided with ongoing in the field training to ensure they can effectively engage with participants and create a supportive environment. Recruitment focuses on individuals with experience in both cooking and community work.

## 07 Duration & intensity

As of 2024, CCC is running as a 6-week program and each session's is running for 3 hours with a group size of maximum 12 participants. In the past the program has also been successfully implemented at 8- and 12-weeks. The selected duration of the program is primarily depending on the funding budget, yet the intensity of each session stays the same (e.g. 3hours per session).

## 08 Funding

The program has been funded through government grants.

## 09 Partnerships & collaborations

Healthy Cities Australia works closely with NSW Health, Illawarra Shoalhaven Local Health District, local councils, and other governmental organisations, such as the Community Grants Hub. These partnerships strengthen the ongoing implementation of the CCC program. The CCC program adopts a place-based approach, activating existing community services and programs to meet the specific needs of local community members.

Key partnerships include local community centres, health organisations, universities, and local businesses that provide in-kind donations. Collaboration with entities like the University of Wollongong and Food Fairness Illawarra ensures that the program is continuously supported by the latest research and resources, making it more impactful and credible. By fostering strong connections between these organisations, CCC offers wrap-around community support, maximizing resources for participants and creating a more sustainable model of health promotion.

## 10 Impacts & outcomes

Since its launch in 2015, CCC has delivered a total of 67 programs and 630 sessions, reaching over 850 participants. Most participants (67%) are aged between 26 and 64, with a substantial group aged 65 and over (27%), reflecting the program's appeal to a wide age range. Additionally, over 90% of participants are women, highlighting the program's success in engaging women in health and community-based activities. CCC serves a diverse demographic: nearly 14% of participants identify as Aboriginal or Torres Strait Islander, and over 40% were born outside of Australia, many of whom do not speak English as their primary language at home. The program also supports people with disabilities, with 21% of participants reporting a disability or impairment.

The outcomes of the program have continuously been examined since 2018 by surveys and additional research projects. Both qualitative and quantitative data support these outcomes, with participants consistently reporting high satisfaction with the program. The results indicate improvements in cooking skills and confidence, social connectedness and well-being among participants. For example, a sub-group analyses indicated participants improved confidence to cook with basic ingredients, follow recipes, plan meals, shopping and storing food knowledge, and reduce food waste.

## 11 Evaluation

The program has been evaluated through participant feedback and pre- and post-program surveys. These surveys were paper-based questionnaires that were adapted from previously validated questionnaires. A subgroup of participants was also followed up longer term 26-weeks after the start of the program.

In addition, each week, the facilitators debrief after each week's program delivery, completing a program record form to capture learnings and ad hoc participant comments from each week. Relevant learnings will be incorporated into the program as it progresses.

## 12 Facilitators & barriers

Facilitators of the program include strong community support, effective partnerships, and a clear program structure.

Barriers have included challenges with funding and recruitment of volunteers, particularly those with the necessary culinary and community engagement skills.

## 13 Program relation to policy

The program aligns with government policies aimed at reducing social isolation and improving health outcomes, particularly for vulnerable populations. More information on this is provided in the Policy summary below.

**For more information, visit**  
[healthycities.org.au/programs/cook-chill-chat](https://healthycities.org.au/programs/cook-chill-chat)

Cook Chill Chat (CCC) is a community-based cooking program designed to foster social interaction, improve nutritional knowledge, and enhance the well-being of participants. The program provides a supportive environment for participants to connect, share meals, and learn how to prepare healthy, budget-friendly meals. CCC targets vulnerable populations, including socially isolated individuals, low-income families, and culturally diverse communities, with a focus on strengthening social ties and improving health outcomes.

## Inputs

- Project Coordinator and Facilitators: Trained staff to facilitate cooking sessions, and engage participants in social activities.
- Volunteers: Support with program delivery, meal preparation, and participant engagement.
- Funding: Financial support from grants.
- Community partners: Local health organisations, community centers, and local businesses that provide venues, resources, and in-kind donations.
- Program materials: Cooking equipment, healthy ingredients, and educational resources.
- Online platforms: Closed Facebook groups for extended support and engagement between sessions.

## → Outputs

### Participants

- Individuals from disadvantaged communities in the Illawarra Shoalhaven region.
- Vulnerable groups such as low income families, people with disabilities, and culturally diverse populations.
- Community members experiencing social isolation.

### Activities

- Weekly 3-hour cooking and meal-sharing sessions.
- Healthy eating education on meal planning, food preparation, and healthy eating.
- Opportunities to develop leadership and communications skills.

### Products

- Data sets on participants' health and well-being, nutritional knowledge, and social connectedness.
- Educational materials on budget-friendly cooking, seasonal produce, food storage and nutrition guidelines.

## → Outcomes & Impacts

### Short term

- Increased knowledge of healthy eating habits, including better understanding of the Australian Dietary Guidelines.
- Improved cooking skills and confidence in preparing budget-friendly healthy meals.
- Strengthened social ties and sense of community through shared meals and cooking experiences.
- Enhance mental wellbeing and reduced social isolation by participating in group activities.

### Medium term

- Consistent adoption of healthier eating habits and increased consumption of nutritious foods.
- Increased frequency of home-cooked meals and family dining.
- Continued social engagement and stronger community networks.
- Improved emotional resilience and communication skills among participants.

### Long term

- Sustained healthy eating habits and nutrition literacy across participating families and individuals.
- Long-lasting reduction in social isolation and stronger community bonds.
- Improved overall physical and mental health outcomes in vulnerable populations.
- Participants actively engage in broader community services, contributing to ongoing community well-being.
- Improved sense of wellbeing.

## Assumptions:

- Consistent attendance and engagement in the program will increase self-efficacy and promote behaviour change.
- Participants will apply the skills and knowledge gained in their daily lives.
- Participants will feel safe and supported, encouraging open communication and interaction.

## External Factors:

- Availability of ongoing funding to sustain program delivery.
- Access to community resources such as venues and healthy food supplies.
- Impact of external programs and services available to participants.
- Economic and social conditions affecting participants' ability to engage in the program.

# Policy Summary

Linking the Cook Chill Chat (CCC) program to relevant policies is essential for demonstrating the program's alignment with broader public health, social inclusion, and community engagement objectives. Policies at the local, state, national, and global levels provide a framework for addressing the social determinants of health, promoting healthy lifestyles, and reducing health inequities. By policy linkages we can highlight how the program contributes to the achievement of wider goals, such as improving food security, fostering community resilience, and promoting mental and physical well-being. The CCC program is not only a community-based initiative aimed at improving health and social outcomes, but it also serves as a practical implementation of the principles outlined in many health and social policies. Whether through promoting healthy eating, reducing social isolation, or engaging vulnerable populations, CCC directly aligns with the goals of these policies. This alignment ensures that the program is not only relevant and responsive to community needs but also supports broader policy objectives in a structured, impactful way.



The following table outlines key policies, their relevance to the CCC program, and how they guide or support the program’s goals. By demonstrating these policy connections, CCC can solidify its role as an evidence-based, policy-driven initiative that contributes to local, state, national, and global health agendas.

Policy	What is the connection?	Local/ State/ National/ Global	Link
Illawarra Shoalhaven: Health Promotion Service Strategic Framework 2023 - 2028	Focuses on health and wellbeing of people who live in the Illawarra Shoalhaven by lifestyle changes, promoting healthy eating, creating better environments and reducing social isolation.	Local	<a href="#">Health Promotion Service Framework 2023 - 2028 (nsw.gov.au)</a>
Wollongong City Council: Future 2032 Community Strategic Plan	Goals to connect and engage communities and have a healthy community in a liveable city.	Local	<a href="#">Our-Wollongong-Our-Future-Community-Strategic-Plan.pdf (nsw.gov.au)</a>
Shellharbour City Council: Healthy Ageing Strategy 2015 - 2017	Encourages healthy lifestyles through local community-based services for people 50 years and older.	Local	<a href="#">healthyageingstrategy.pdf (nsw.gov.au)</a>
NSW Healthy Eating and Active Living Strategy 2022 - 2032	Aims to support healthy eating and physical activity by increasing vegetable, fruit and water intake & reduce unhealthy foods and drinks.	State (NSW)	<a href="#">nsw-healthy-eating-strategy.pdf</a>
NSW Women’s Health Framework	Includes targets to increase healthy relationships, lifestyles, bodies, and integrating care for all women and girls in NSW.	State (NSW)	<a href="#">womens-health-framework-2019.PDF (nsw.gov.au)</a>

Policy	What is the connection?	Local/ State/ National/ Global	Link
NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023	Focuses on promoting inclusive communities by addressing cultural responsiveness and building healthy literacy communities.	State (NSW)	<a href="#">NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023</a>
National Preventive Health Strategy 2021-2030	A key focus is on improving access to healthy food and reducing health inequities.	National	<a href="#">National Preventive Health Strategy 2021-2030   Australian Government Department of Health and Aged Care</a>
The National Obesity Strategy	Builds a 10-year framework to action prevention and reduction of overweight and obesity in Australia.	National	<a href="#">National Obesity Strategy 2022-2032</a>
National Women's Health Strategy 2020 - 2030	Aims to improve health outcomes for all women and girls in Australia, including nutritional and social connectiveness within several of the output parameters.	National	<a href="#">National Women's Health Strategy 2020-2030   Australian Government Department of Health</a>
National Strategic Framework for Chronic Conditions	Encourages health promotion programs to promote lifestyle changes that can prevent chronic diseases.	National	<a href="#">National Strategic Framework for Chronic Conditions   Australian Government Department of Health and Aged Care</a>

Policy	What is the connection?	Local/ State/ National/ Global	Link
Closing the Gap Initiative	Focuses on reducing health disparities, particularly among Indigenous Australians, aligning with CCC's inclusion of diverse and disadvantaged groups.	National	<a href="#">National Agreement on Closing the Gap   Closing the Gap</a>
Food Security Frameworks	Various national and state-level food security frameworks with the goals of reducing food insecurity and improving nutritional health in communities.	National	<a href="#">Chapter 2 - A national food security strategy - Parliament of Australia (aph.gov.au)</a>
United Nations Sustainable Development Goals (SDGs)	SDG 2 (Zero Hunger): promotes food security and improved nutrition through its community meals. SDG 3 (Good Health and Well-Being): fosters better physical and mental health through nutrition and social engagement. SDG 10 (Reduced Inequalities): addresses health and social inequities by focusing on vulnerable populations.	Global	<a href="#">THE 17 GOALS   Sustainable Development (un.org)</a>
World Health Organization (WHO) Health Promotion Framework	Full policy title: "Achieving well-being: A global framework for integrating well-being into public health utilizing a health promotion approach". WHO's recommendations on creating supportive environments for health, community-based health promotion, and tackling the social determinants of health.	Global	<a href="#">Achieving well-being: A global framework for integrating well-being into public health utilizing a health promotion approach (who.int)</a>



# Australian Social Impact Valuation (ASVB)

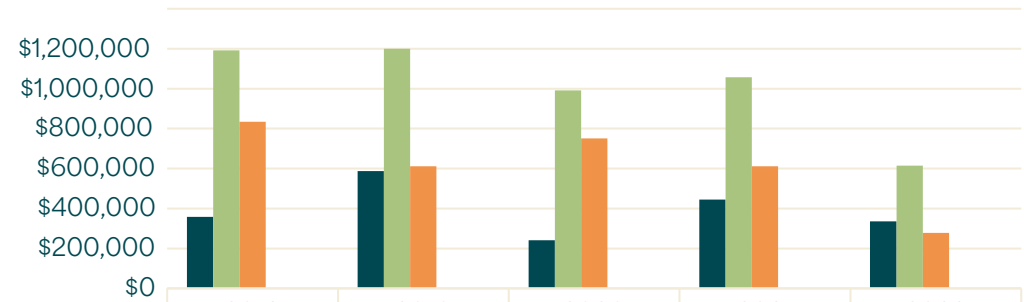
Healthy Cities Australia holds a license to use the Australian Social Value Bank (ASVB) for evaluating its programs. The ASVB enables us to assess the social and economic value our initiatives generate, using robust, nationally recognized metrics derived from the HILDA Survey and the Journeys Home longitudinal study.

• 2018-2023

# Cook Chill Chat Program

The CCC program has been one of our longest-running initiatives, and we are thrilled to present a comprehensive analysis of its social impact using data from 2018 through 2023. We assessed if the CCC program had benefits on three key outcomes:

1. Improved self-esteem/confidence,
2. Meeting friends regularly, and
3. Joining a social group.



■ Net benefits	\$89,374	\$146,951	\$60,295	\$111,370	\$84,047
■ Total Benefit	\$297,980	\$299,928	\$248,040	\$264,347	\$153,583
■ Total Cost	\$208,605	\$152,977	\$187,745	\$152,977	\$69,536
■ Cost Benefit Ratio	1.43	1.96	1.32	1.73	2.21
■ Participants	121	110	145	179	104



Across the five years, the net benefits of the CCC program were \$492,037, with an average benefit-cost ratio of 1.64. This means that for every dollar invested, the program returns approximately \$1.64 in social and economic value. The program has reached 659 people, with a net benefit of \$750 per participant, demonstrating the program’s positive return on investment, translating into tangible improvements for participants and the broader community.

• Closing Statement

**We invite communities  
and partners to fund and  
implement the Cook Chill  
Chat program.**



**Contact Healthy Cities  
Australia for additional  
information on expanding  
this initiative in new regions.**

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# Acknowledgments

We extend our gratitude to all past, present, and future participants, facilitators, and collaborating partners who contribute to the success of Cook Chill Chat.

# Copyright & Citation

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