



Sponsored by Parkview Health and St. Joseph Community Health Foundation

HEAL (Healthy Eating Active Living) Program

We know all people need quality, nutritional food to lead a full, active, healthy life. However, Allen County residents living in communities without nearby grocery stores and/or affordable farm stands face challenges in accessing quality, affordable food and in knowing how to include it in their diet.

In Allen County there are 51,830 residents identified as food insecure (14.3%), with 54% of this population eligible for WIC and SNAP nutritional assistance. Of the 51,830, approximately 18.7% are children under the age of 18 (feedingamerica.org). According to the IN Chamber of Commerce, Indiana ranks 44th in obesity in the country. U.S. Chamber of Commerce Foundations states that environment and zip code drive the health of a community.

HEAL was created in 2015 as a jointly-funded collaboration between **Parkview Health** and the **St. Joseph Community Health Foundation** to address the above stated issues and improve health outcomes in Allen County.

Our HEALing Kitchen Program:

Our HEALing Kitchen curriculum was designed as a “Train-the-Trainer” program to help all populations, especially those who are vulnerable or with limited resources, to prepare healthy and nutritious meals. The program goals include:

1. Improving educational knowledge in the form of menu planning, healthy recipe preparation, and cooking techniques in an eight-session, instructor-led cooking curriculum.
2. Increasing knowledge of nutritional information through education on fruits and vegetables, buying fresh/local foods, and impact on wellbeing.
3. Assisting participants in adapting a lifestyle that includes an increased daily consumption of highly nutritious fruits and vegetables achieved by education and hands-on experience.

In the first three years of operating Our HEALing Kitchen, 64 organizations offered the curriculum in 78 sites reaching over 700 people. Participants in 2018 may choose to offer the program either during the summer months (June – August) or the fall months (September – November). Participants receive:

- Training, coaching, and access to the HEAL Professional Team.
- OHK curriculum including facilitator guides, participant cookbooks, and supplemental information.
- Printed recipe cards, HEAL market coupons, and other incentives.
- Pre and Post Surveys and Questionnaires for data collection and progress reports.

In 2018, community organizations may participate in the programming in two ways:

1. **Apply for a grant** to underwrite the costs of providing an Our HEALing Kitchen program to a vulnerable and/or primarily lower income population. Grants typically range from \$500 to \$1,000 and include funding for food and cooking supplies, kitchen rental, cooking utensils and equipment necessary for the classes, and final class celebration and incentives. The deadline for application is March 30, 2018. The application questions are attached. [Click Here for the on-line application form](#), or go to: <https://www.grantinterface.com/Home/Logon?urlkey=sjchf>
2. **Join as a HEAL Fellow** which offers full access to all of the training and programming, but organization agrees to underwrite the costs of providing the Our HEALing Kitchen class at their site typically valued at between \$500 to \$1,500. For more information, please contact HEAL Program Manager Laura Dwire at ldwire@sjchf.org.

FOR MORE INFORMATION:

The St. Joseph Community Health Foundation
347 West Berry St., Suite 101
Fort Wayne, IN 46802
260.969.2001 or www.sjchf.org

Laura Dwire, HEAL Program Manager
ldwire@sjchf.org
Sharon Tubbs, Community Liaison
stubbs@sjchf.org
Marla Rust, Grants Coordinator
mrust@sjchf.org

2018 Our HEALing Kitchen Grants

All grant applications must be submitted online. To submit a grant application [click here](https://www.grantinterface.com/Home/Logon?urlkey=sjchf), or go to: <https://www.grantinterface.com/Home/Logon?urlkey=sjchf>. Applications for Our HEALing Kitchen grants are due by March 30. Below is the information required to apply for grant funding.

Program Overview

Grant Period For Which You Are Applying

Choices: Classes held June through August or Classes held September through November

Amount Requested

Grant funding is typically between \$500 and \$1,000.

Program Name

Please provide a one-sentence description of the department or program within your organization that will host Our HEALing Kitchen classes.

Authorization

Has your organization's Executive Director/CEO/Pastor authorized this application? Choices: Yes or No

Program Coordinator's Name, Email, and Phone

This is the person who will be responsible for coordinating the classes, collecting the data, and conducting any additional activities. This person is required to attend a 2-hour orientation class.

Facilitator's/Teacher's Name, Email, and Phone

This is the person who will be trained, prepare the lessons, and teach the class. This person is required to attend a 2-hour orientation class and a 2-hour demonstration class. This may be the same person as the coordinator.

Unduplicated Number of Individuals Served by Program Annually

What is the estimated number of participants you expect to have in the class?

Brief Description of Individuals Served by Program

Describe the group of vulnerable, at-risk people whom you would like to reach in the Our HEALing Kitchen class and how you think they will benefit.

Organization Information

Organization Mission Statement

Describe the applicant group and its primary purpose/mission.

Organization Overview

Please provide an overview of your organization's history, values, staffing, programs, and recent distinctions. Please include your organization's expertise and experience in serving vulnerable, at-risk and/or low income populations.

Program Description

Class Schedule

During which weeks do you plan to offer the classes? Day and time?

Facility

Where do you plan to offer the cooking classes? Please provide the name and address of the kitchen and classroom area, as well as a description.

Program Intent

Explain why your organization is interested in offering this programming, including any other similar programming that you offer.

Completed Program Budget

Agreement: I agree to do the following:

- Appoint a designated person to teach the classes and attend required training sessions on the curriculum.
- Provide a clean, safe space to hold cooking classes and create a "Family Table" experience as part of the curriculum.
- Recruit at least eight individuals to participate in the classes, with a commitment of attending at least six sessions, to earn incentives and/or rewards. Attendance must be tracked.
- Purchase all food and cooking equipment supplies for each class, as detailed in the curriculum. (Funding provided by the grant.)
- Collect data, survey information, and file reports, as agreed upon with the HEAL Team, and submit to the St. Joseph Community Health Foundation as required by the terms of this grant.
- Host a celebration meal that is planned, organized, and prepared by the participants for families or community. (Funding provided by the grant.)