



*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 51,300 residents identified as food insecure (14%), with 58% of this population eligible for WIC and SNAP nutritional assistance. Those who are food insecure in Allen County include about 17,410 children, or 18.1% of residents under age 18 (feedingamerica.org). According to the Alliance for a Healthier Indiana, nearly 1 of every 3 adult Indiana residents is obese, putting them at risk for chronic health conditions, such as stroke, type 2 diabetes, heart disease and cancer.

HEAL was created in 2014 as a jointly-funded collaboration between **Parkview Health** and the **St. Joseph Community Health Foundation** to address the above stated issues and to improve health outcomes in Allen County.

#### **Our HEALing Kitchen Program:**

One component of HEAL is the Our HEALing Kitchen curriculum. It 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.

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 course.
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.

From 2016 through 2018, the program awarded 92 grants for local organizations to host the cooking course, resulting in 119 classes throughout Allen County. About 1,100 adults and youth have participated in OHK. In 2019, participants may choose to offer the program either during the summer months (June – September) 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.

**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, necessary cooking utensils and equipment, and a final class celebration and incentives. The deadline for application is April 19, 2019. The application questions are attached, but official applications must be submitted online. Visit [SJCHF.org](http://SJCHF.org) and click on the HEAL tab for further directions to the online portal.
2. **Join as a HEAL Fellow**, which offers full access to all training and programming. However, Fellow organizations agree to underwrite the costs of providing the Our HEALing Kitchen class. A Fellow's contribution is typically valued at between \$500 to \$1,500. For more information, please contact HEAL Program Manager Laura Dwire at [ldwire@sjCHF.org](mailto:ldwire@sjCHF.org).

**FOR MORE INFORMATION:**

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## 2019 Our Healing Kitchen Grants

*All grant applications must be submitted online. To submit a grant application, visit [SJCHF.org](http://SJCHF.org) and click on the HEAL tab for further directions to the online portal. Applications are due by April 19. Below is the information required to apply for grant funding.*

### **Program Overview**

#### **Grant Period for Which You Are Applying**

*Choices: Classes held June through September 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 about the curriculum.
- Provide a clean, safe space to hold cooking classes and create a “FamilyTable” 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.)