



Food Insecurity and Cooking for the Family

LC5



How to eat well to live well ~~with~~ ^{without} two issue...

1. Access to healthy ingredients
2. How to turn said healthy ingredients into food that is nutritious, delicious, and not exorbitantly expensive or time-consuming to make



Cooking for the Family



Formerly hosted by St. Seraph Ministries in Over the Rhine and has relocated to La Soupe in Walnut Hills

The **mission** of Cooking for the Family (C4F) is to **help families gain basic cooking skills and access to healthy, affordable ingredients**. This is accomplished via a 5 week program that teaches students 8 core cooking skills, all for a participation fee of only \$10

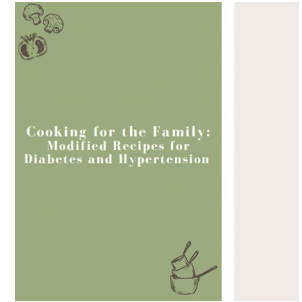


They are expanding their reach in Greater Cincinnati through virtual/in-person hybrid classes

Service Learning Project

Our SLP was **Improving Nutritional Literacy in Cooking Course Participants with Diabetes and Hypertension.**

We adapted the recipes used in Cooking for the Family classes to target diabetes and hypertension management via methods such as decreasing salt, carbs, fats, and calories in each recipe. We drew inspiration from evidence-based diets such as Mediterranean and DASH. Our goal was to maintain affordability and use ingredients that can be found in local stores.



Social Determinants of Health: C15

The social determinant of health focused on by this project was **nutritional literacy**. However, this discussion would not be complete without also focusing on food insecurity, as the two issues compound one another.

Findlay Market, one of the only places to get produce in OTR, is more expensive than a standard grocery store and is only open during standard working hours. Considering 50% of families in OTR rely on public transportation, which was limited by the COVID-19 pandemic, access has only decreased.



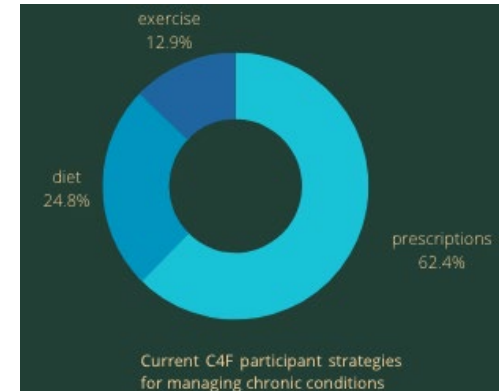
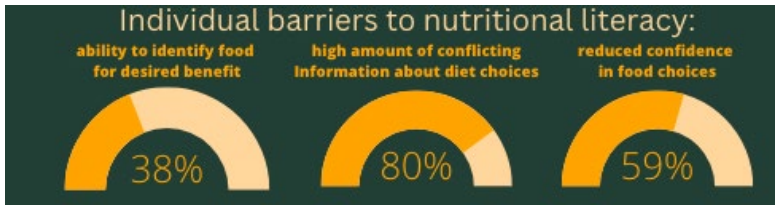
Impact of food insecurity and nutrition literacy on the C4F



Cincinnatians live in poverty.



Pre-initiative survey results:

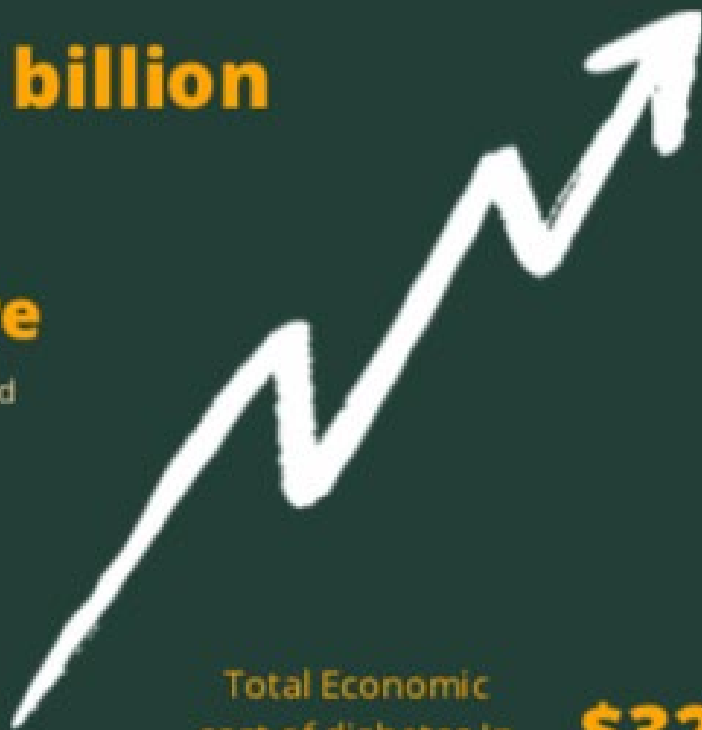


Total Economic
Cost of
Hypertension
In 2018 (4):

\$131 billion

\$2k/year more

spent by hypertensive compared
to non-hypertensive
individuals



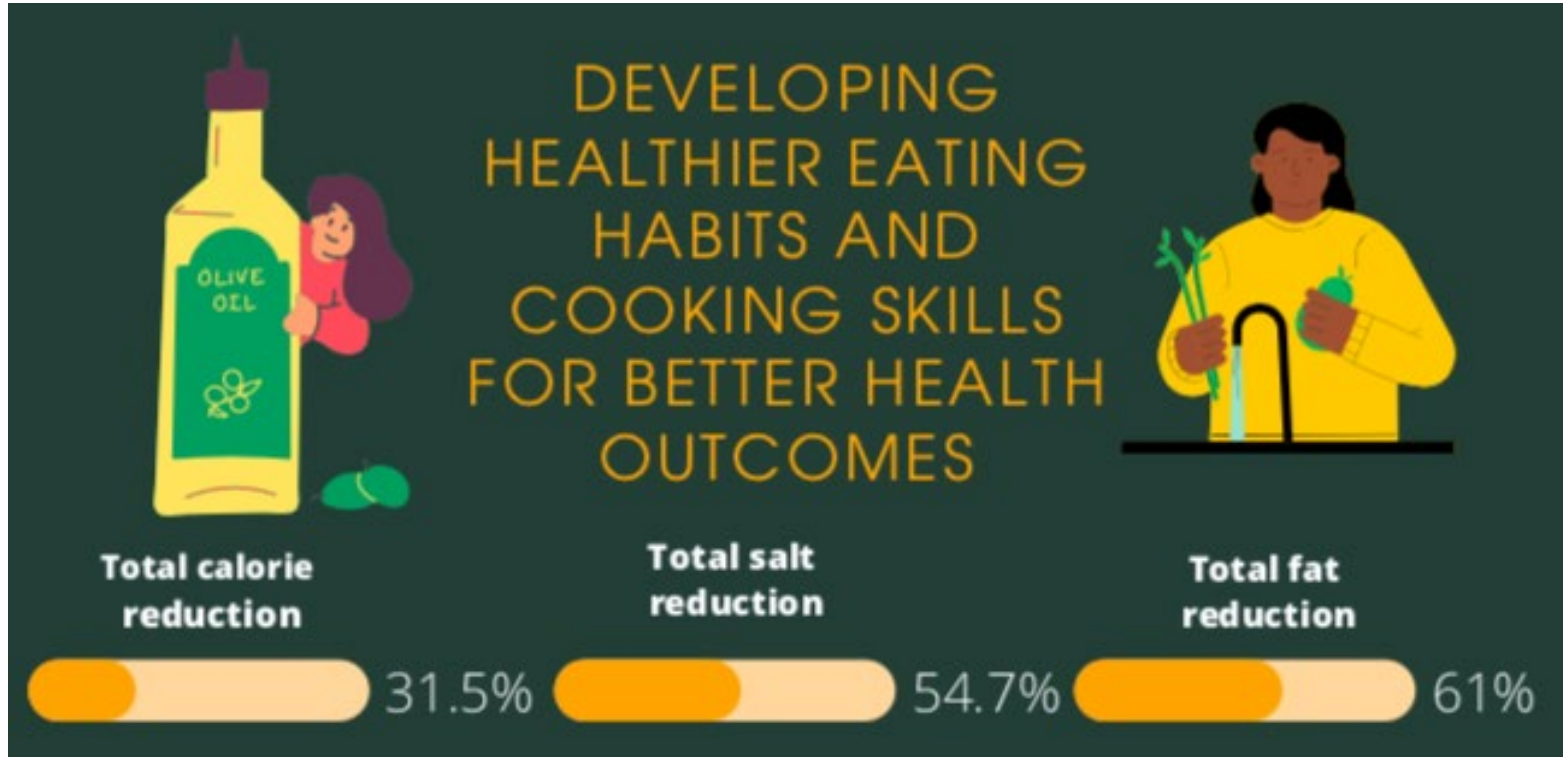
Medical costs for
diabetics
compared to
non-diabetics are

**2.3 times
higher**

Total Economic
cost of diabetes In
2017 (5):

\$327 billion

Initiative Impact



Challenges

COVID necessitated some virtual cooking classes

- Transportation, internet, kitchen resource accessibility and home stability concerns
- Limited the vital social aspect of classes

Limited in-person class sizes due to COVID risk

- Also limited the number of volunteers

Participants in the program reported difficulty applying the skills they learned in class at home, as OTR has limited access to affordable shopping options for healthy foods.

Opportunities for advocacy

1. Increase funding for programs such as C4F to help broaden their reach to communities across Cincinnati and allow for investment in more cooking supplies for students
2. Promote equity in access to healthy resources by ensuring local markets (ie. Findlay) offer shopping hours that fit with diverse work schedules (e.g. offering a night market or extended hours once a week)
3. Increase awareness of Snap/Snap Plus/EBT and Produce Perks programs at local markets such as Findlay, so that all members of the community can benefit from them, regardless of income status

Question

