

# Recommendations for the Development of Dietary Health Care, Nutrition Education, and a Soup Kitchen



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## Introduction



La Casa Norte

La Casa Norte (LCN) is an organization dedicated to serving youth and families confronting homelessness. LCN provides access to stable housing and delivers comprehensive services that act as a catalyst to transform lives and communities. Currently LCN operates Solid Ground, which provides stable housing and case management for male youth between the ages of 16 and 21 years old; the Scattered Site Supportive Housing Program which provides permanent supportive housing to families experiencing chronic homelessness; Casa Corazon, a

drop-in engagement project which works with youth experiencing homelessness; and a client center which provides access to computers, a telephone, and a clothing closet for the Humboldt Park community. LCN is currently in the process of expanding the physical space of the organization, as well as the scope and reach of its services. This expansion includes increased attention and resources directed to addressing food insecurity and nutrition issues in the Northwest Chicago community. This report discusses current models that Federally Qualified Health Centers (FQHCs) and other organizations in Chicago and across the country are using to meet the health and food security needs of individuals and families experiencing homelessness, in order to inform the physical and programmatic design of LCN's future nutrition center.

# Defining the Problem: Food Insecurity in NW Chicago

**Food insecurity** is the limited or uncertain availability of nutritionally adequate and safe foods, or the limited or uncertain ability to acquire acceptable foods in socially acceptable ways. Food insecurity affects millions of individuals and families in the U.S.; in 2011 14.9% of households were food insecure at some point during the year. In 2012, there were approximately 870,690 food insecure individuals in Cook County, IL, or 1 out of every 6 residents of the greater Chicago region. In the communities served by LCN the situation is even more severe; **22.6% of all Humboldt Park residents face food insecurity**. Meal provision and nutrition education programming are strategies LCN can use to increase food security in Humboldt Park.

LCN already does the important work of connecting low-income people in Humboldt Park to economic resources that can improve their quality of life such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC) benefits; however, when it comes to food security, these benefits are often not enough. A study in a community with similar demographics to Chicago found that the cost of one month of nutritionally adequate and culturally familiar food for an average household exceeded the average value of WIC and SNAP benefits and the estimated food budget of average TANF benefits combined. In Cook County, households faced an aggregate food budget shortfall of \$340,617,080 in 2010. The presence of emergency food providers in the communities served by LCN helps to decrease this food budget shortfall, but a gap still exists between the amount of food assistance needed and the amount that is currently available. In a 2011 survey of LCN Scattered Site Supportive Housing clients, 36% reported using SNAP benefits as well as food pantry resources to acquire food for their families; **yet, half of the participants still reported having to choose between purchasing food and other household necessities** such as utilities, rent, transportation, and diapers. By expanding services to include emergency food provision LCN can meet this need .

Nutrition education programming is a second strategy La Casa Norte can also provide to improve food security in the communities it serves. Limited knowledge of topics such as decoding nutrition labels, measuring appropriate serving sizes, preparing fresh produce, and understanding the connections between diet and diet-related conditions can inhibit the full implementation of United States Department of Agriculture (USDA) and Department of Health and Human Services (HHS) recommendations for a healthy diet. For this reason , LCN should develop programs to increase nutrition education and cooking skills.

## **Solution: FQHC Nutrition Center**

A nutrition center at a future La Casa Norte FQHC can meet La Casa Norte’s goals of addressing both food insecurity and health disparities in Humboldt Park. Federally Qualified Health Centers, or FQHCs, are “non-profit private or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farm workers, the homeless or residents of public housing.” To serve these populations, FQHCs receive federal grants and other benefits to provide primary, preventive, and enabling health services, either directly or through established written arrangements and referrals. These “preventative services” may include nutrition and dietary health services and resources such as counseling with professional nutritionists, nutrition education programs, and meal provision.

Across the nation, many organizations are already working to integrate emergency food provision, nutrition, and health care into a seamless service for clients facing food insecurity and related health issues. Congregate meal sites (any locations that provide free prepared meals to a community), health clinics, and nutrition education programs alike represent a holistic approach to client care. An examination of such models, provided on the following pages, can allow LCN to learn best practices and replicate effective programming, create new visionary models and programming to specifically serve youth and families, and identify useful organizational partnerships.

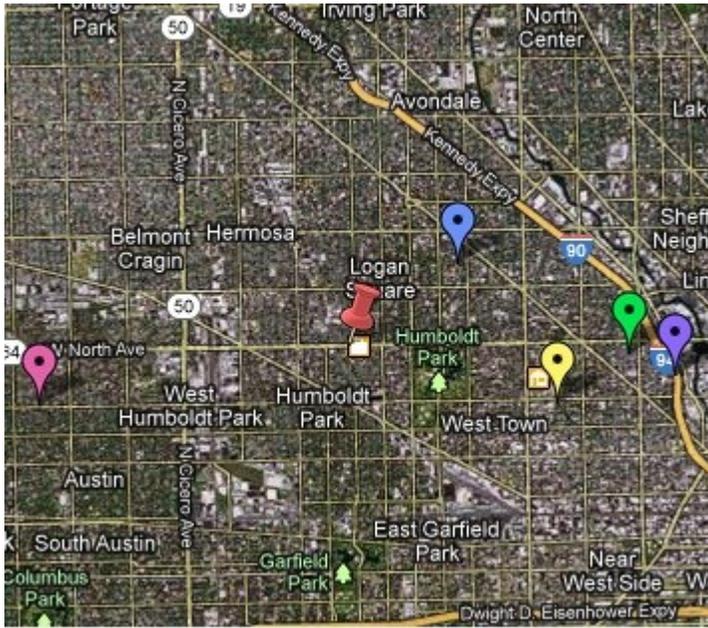
# Recommendations: Emergency Meals

La Casa Norte can help improve food security in the Northwest communities by providing an additional congregate meal site. The communities in the immediate radius of La Casa Norte- Humboldt Park, Hermosa, Belmont Cragin, and Logan Square, are sorely lacking in congregate meal sites compared to the extent of the existing need. There are no congregate meal sites providing breakfast, one congregate meal site providing lunch on each day of the week (except Sunday, when there are none), and 2-3 sites providing dinner on each day of the week.. Because one site is male only, there are 1-2 congregate meal sites that serve dinner for women and children. An LCN congregate meal site that is designed well as a physical space and facilitated well as a social space can foster an atmosphere of acceptance and socialization; provide safety and comfort for men, women and children; stimulate the development of social networks, peer leaders, and peer educators among guests; and deliver nutritious, delicious meals in a humanizing setting for those experiencing food insecurity. To follow are recommendations for emergency food programming at La Casa Norte's future nutrition center. These recommendations are based on academic literature on the topic of food insecurity, interviews with individuals who are currently or have previously experienced food insecurity, and the best practices of organizations providing similar services in Chicago and across the nation.



Volunteers serve a meal at the St. Thomas of Canterbury soup kitchen in Uptown

# Emergency Meals Scan: What's Near La Casa Norte?



**Congregate Meal Site Options Within Two Miles of La Casa**

	Break-fast	Lunch	Dinner
Mon	0	• 1 (all genders)	• 1 (all genders) • (1 male only)
Tue	0	• 1 (all genders)	• 1 (all genders) • (1 male only)
Wed	0	• 1 (all genders)	• 1 (all genders) • 1 (male only)
Thur	0	• 1 (all genders)	• 2 (all genders) • (1 male only)
Fri	0	• 1 (all genders)	• 1 (all genders) • (1 male only)
Sat	0	• 1 (all genders)	• 1 (all genders)
Sun	0	0	• 1 (all genders)

 **Westside Health Authority**  
 Thursday: 5:30 pm - 7:30 pm  
 5816 W Division St.  
 (3.8 mile drive, 27 min bus ride, 1.1 hour walk from LCN)

 **Humboldt Park Social Services**  
 2120 N Mozart St.  
 Monday—Friday: 5:00 pm - 6:00 pm;  
 Saturday: 4:00 pm - 5:00 pm  
 (1.6 mile drive, 22 min bus ride, 32 min walk from LCN)

 **New Hope Bible Church**  
 1137 North Leavitt St.  
 Saturday: 12:00 pm - 2:00 pm  
 (2.3 mile drive, 26 min bus ride, 43 min walk from LCN)

 **Franciscan Outreach (Marquard)**  
 1645 W Le Moyne St.  
 Daily: 5:30 pm - 6:30 pm  
 (2.5 mile drive, 22 min bus ride, 49 min walk from LCN)

 **St. Stanislaus Kostka Church**  
 1351 West Evergreen Ave.  
 Monday - Friday: 11:30 am - 12:30 pm

*New congregate meal site options, especially those catering to women and youth, would be welcome additions to Northwest Chicago.*

# The Social Role of Congregate Meal Sites– Design, Practices, and Staff Philosophy

The optimal soup kitchen serves as a temporary, safe, and stable community for a few hours a day for guests. In her work *More Than Bread: Ethnography of a Soup Kitchen*, the dominant conclusion of Irene Glasser, an anthropologist and homelessness scholar, is that as American soup kitchens address the human need of hunger, they also meet the need for social community for those who use them. In her seminal study of urban soup kitchen culture, 52% of soup kitchen guests reported that they came to the soup kitchen “for company”- more than the 49% who reported that their presence was due to being hungry. In another study, a 49 year old man who was a regular guest of the soup kitchen being studied noted, “The main reasons I come here are to get free food, to play chess, and to see friends.”

LCN’s current clients are primarily women, youth, and families seeking help with finding employment, temporary housing, and food assistance. This group of clients differs substantially, in both demographics and needs, from most congregate meal site guests. If LCN wishes for the new congregate meal site to serve current clients as well as guests with a more typical profile, it design the space and programming to accommodate the needs and characteristics of all potential guests.

Congregate meal site guests tend to be single men ages 18 to 65 and women post-child bearing age to 65. Additionally, congregate meal site guests are likely to be a part of what some scholars refer to as the *underclass*. This group is distinct from other low-income individuals because of the permanence of their situation and their social separation from others. Members of the underclass typically have very little income, experience long-term unemployment, a strong feeling of discouragement that they will ever hold down a job, and separation from family relationships, and suffer from debilitating physical conditions and/or serious and often untreated mental illness. Satisfying the human impulse for sociability (association with others for association’s sake) is often difficult for people with these experiences because they are labeled as deviant by most of their peers. Congregate meal sites can be a space where filling this need is easier. Additionally, most congregate meal site guests are looking for services from what Glasser and other scholars of homelessness call a *contact facility* with an atmosphere of *acceptance*– one which requires no interaction with a social control authority and makes no attempt to change the guest or the guest’s situation; they are there to eat and socialize, not to improve.

While a congregate meal site's culture is created and owned by its guests, there are many steps LCN can take to promote a positive culture where guests can satisfy their need for socialization. This starts before each meal, by **allowing guests to enter the dining room an hour or two before the food is served**. Not only does this prevent a crowd from forming outside and guests weathering the elements to secure a place in line, but it gives guests time to find a seat, grab some coffee or tea, get comfortable, and talk with those around them if they so choose. Having time do this before the meal is important because researchers have found that while socialization among guests is common before a meal, after a meal is over they typically "quickly depart, not often stopping to chat or socialize at the exits." The arrangement of the dining room matters as well. A collection of scattered circular tables with chairs, for example, is more conducive to conversation and the development of social networks than rows of rectangular tables or benches. Having some form of entertainment available is also helpful; at Breaking Bread live bands are invited to perform, and at the soup kitchen that served as the backdrop for Glasser's anthology, cards and board games were available for guests to enjoy together. To prevent competition for a spot in the food line and to create a dignified atmosphere for the guests, serving should begin once everyone is seated and plates of food can be delivered restaurant style to tables. Alternatively, guests can be called up to a food line table by table in random order.

It is also important for a congregate meal site to embody what scholars call *de-professionalization* and foster *acceptance*. For many guests, congregate meal sites are the only social service spaces where they are free from the expectations of improvement and labels that are a part of both case management and health care environments, as well as the hassles of forms and eligibility requirements. Good practices for staff and volunteers include referring to those who enter the soup kitchen as "guests", greeting each guest as they enter, not requiring any type of sign in, and accepting any guest who enters as long as they are not posing a threat to anyone. This also means that LCN staff who work at the soup kitchen should refrain from acting on their case management or health care instincts to label or counsel guests. Another way to foster community within the soup kitchen is promoting fluidity in the roles of guest, volunteer, and staff through steps like encouraging volunteers to eat the meal with guests, allowing interested guests to help with setup and cleanup, and allowing time for community announcements.

## Creating Community Case Study: Breaking Bread, Chicago, IL

Breaking Bread provides a good model for this approach to meal provision. Breaking Bread operates one day per week, serving freshly prepared hot meals to about 120 people. The guest population is primarily composed of adult men, who appear to be between the ages of 25 and 65.

The faith-based operation prioritizes the dignity of its guests, allowing them to come inside, find a seat, socialize, enjoy a cup of coffee, partake in an optional Bible Study, and listen to live musical guests one hour before dinner begins. Breaking Bread also uses real silverware and plates, and serves guests their meals restaurant-style at small circular tables that optimize socialization.

Breaking Bread prioritizes healthy, delicious meals. The organization receives most of its food from the Greater Chicago Food Depository and the USDA, but supplements canned goods (that are drained before cooking) with fresh vegetables from the local supermarket and tasty donations from local businesses. Meals are prepared by Breaking Bread's director and paid staff member, who chooses creative and nutritionally complete meals from a three-course menu rotation he developed. He is assisted by a team of committed, regular volunteers who help cook the meals, serve the guests, and clean up the kitchen at the end of the evening. Volunteers are managed by a coordinator, who is also a volunteer.

Breaking Bread has a unique model that is especially relevant to La Casa Norte because after dinner is served, guests have an opportunity to peruse a clothing closet and visit a mobile clinic. The mobile clinic, which is provided weekly through a partnership with Circle Family Healthcare at no cost to guests of Breaking Bread, provides HIV testing, triage, and an extensive range of medical services including diagnoses, prescriptions, and medications from licensed nurse practitioners in a private setting.



**A dinner table with a fresh flower arrangement awaits guests at Breaking Bread**

# Creating Space for Women, Families, and Youth

As an agency with a focus on serving women, families, and youth, LCN can play an important and innovative role in providing emergency meals to these groups, which are underserved by most congregate meal sites. The demographics of poverty in the United States have been, and continue to be, rapidly shifting. Currently, 20% of households with children, 37% of households with children headed by single women, and 16% of single women without about children now experience food insecurity. In fact, the largest growing subset of the population of people experiencing homelessness is families led by women with dependent children. Yet, across the country and specifically in the soup kitchens located near LCN, homeless women and families are largely absent from soup kitchens despite the benefit they could be receiving from the services.

## *Creating Space for Youth*

A 2000 study assessing the full range of services utilized among urban youth experiencing homelessness found that only two percent use congregate meal sites and similar support services. Another study specifically examining the experiences of urban youth who had recently aged out of the foster care system found that although two-thirds reported going a whole day without food, only 15% utilized soup kitchens. Understanding the characteristics of youth who could be benefitting from the services of a congregate meal site but typically is important because we can learn what this group may be looking for at a congregate meal site, how those needs differ from those of a typical guest, and how the congregate meal site model can be adjusted to be more accessible to this group. The current literature is lacking on this subject; further research is needed. However, using the existing research about the lives of homeless youth, combined with information gleaned from conversations with youth who have previously utilized soup kitchens, some reasonable conclusions can be reached.

Unlike most soup kitchen guests experiencing long term food insecurity, debilitating physical and mental illness, chronic unemployment, or and the absence of a social network, research shows most youth who could benefit from the services of a soup kitchen will **experience homelessness for only a short time**. They often have strong social networks formed with other youth who are experiencing homelessness and/or food insecurity. These youth are highly likely to have some form of mental illness, often connected to episodes of trauma experienced living with dysfunctional families, in shelters, in foster care, or on the street. They may be unemployed in the formal economy, but as a result of a sudden change in life circumstances, rather than being chronically “unemployable.”

Furthermore, these youth often exhibit signs of significant agency in the informal economy through activities like couch surfing, engaging survival sex, stealing food, and selling drugs to survive. Severed, strained, or lost family relationships are usually at the root of homelessness for these youth- many have either run away from home, been kicked out of home, aged out of the foster care system, or exited the juvenile incarceration system with limited options.

While the typical male, middle aged, single, underclass congregate meal site guest is seeking sociability, acceptance, and food, the average homeless and/or food insecure youth is likely to place more importance on agency, safety, normalcy and stability, and food. The youth consulted for this report shared keen observations about the perception of congregate meal sites among their peers, and the discrepancy between their needs and those perceptions. One critical observation offered was that the sites have a strong social stigma among youth who are trying to maintain agency, a sense of social normalcy, and perceptions of themselves as stable. This is likely due to the charitable nature of congregate meal sites and the role they play in serving the underclass. As one youth said, “I was looking for the stability I left at home. Getting free daily meals was good ... but it felt alien and also not sustainable. Yeah you could go in every day, but moves need to be made in order to find food that you like and can provide for yourself, leading to more nefarious job descriptions.” Another noted that she used the services of the soup kitchen when many of her peers didn’t because “I got to know everyone since I worked there, but that’s not the norm for most youth,” which gave her a sense of normalcy. “A youth-led program,” she said, “I think would be the way to go. Agency and voice is everything.”

Another issue that may be keeping youth away from soup kitchens that is largely supported by the literature is safety. Female youth and LGBTQ youth, in particular, often report experiencing discrimination, verbal harassment, and even physical assaults at congregate meal sites and shelters. This is especially pertinent since by some estimates LGBTQ youth are thought to make up almost 40% of the homeless youth population. Even cisgender, straight male youth are reported to feel “intimidated” by older patrons of congregate meal sites and shelters in some studies. Finally, the youth expressed a need that seems to be shared by potential congregate meal site guests across demographic groups- the need for a contact facility with no required forms, information, or expectations to change, and little exertion of social control (for example, the use of medical or case management labels to describe guests, aggressive supervision of guests by staff, requirements for entering the site, and social distance between guests and staff created by overly professional staff attire, avoidance of interactions with guests, and physical spaces that are conspicuously “locked away.”)

Understanding what youth might be looking for in a congregate meal site experience would help La Casa Norte design programming that can meet their needs. The needs most commonly cited are food, agency, and stability. However, in order to be successful, the site would have to not look or operate like a typical congregate meal site. The “name and function” of the site, as one youth explained “will be crucial to whoever shows up.” Recommendations for a La Casa Norte congregate meal site that caters to a youth population are listed below. Such a site should:

*To foster a feeling of safety:*

- Be physically distinct from the main meal site, or be incorporated in the space of the new Casa Corazon youth drop-in center
- Incorporate a single stall, gender-neutral bathroom to accommodate transgender guests who find such a bathroom preferable.

*To foster feelings of stability and agency-*

- Operate in a way that gives youth some control over their own food and the space in which they eat it— perhaps by creating a set of soup kitchen norms along with guests, employing some youth as workers in the soup kitchen who help order and prepare food, or creating a system where any guest can in some way volunteer at the soup kitchen and have a connection with their food. An unconventional program structure is crucial to the success of the site.

*To reduce stigma-*

- Be referred to by a name that reflects the agency of the guests in the service, such as a “meal co-operative.”

*Creating Space for Women*

Women experiencing food insecurity are less likely to go to soup kitchens than men for many reasons, including responsibility for the food security of children, histories of violence, and safety concerns. Children play a determining role in women’s experiences with food insecurity, so providing a space that is safe and accessible for children, as well as food for children, is key to ameliorating the food insecurity of women as a group. While men without children and women without children experience food insecurity in roughly the same numbers (15% and 16% respectively), single mothers with children are significantly more likely than single men with children to experience food insecurity (37% and 25% respectively), and there are many more households led by single

mothers than by single fathers. Additionally, research has shown that in households with children experiencing food insecurity, the children are often the most food secure members of the household because the adults tend to sacrifice their own food intake to protect their children.

Congregate meal sites are more accessible to women when they cater to the safety of women. A 2004 study found that among women experiencing food insecurity, 55-60% have experienced childhood molestation or adult partner violence, and that these experiences were predictive factors for food insecurity. Traumatic experiences may lead to post-traumatic stress disorder and symptoms like depression, sleep disorders, anxiety, and emotional distress. The authors of the study believe that the causal link may be due to these symptoms impeding the ability of mothers to acquire and efficiently distribute food under the severe stress of limited resources and ongoing fear for the safety of themselves and their children. They concluded that “to be effective, food assistance interventions for low-income families must take into account the effect of violence.” It is possible that the effects of a history of violence might be prohibiting their ability or willingness to utilize the services of most congregate meal sites. **A La Casa Norte congregate meal site that caters to women should:**

*To foster feelings of safety:*

- Be physically distinct from the main adult congregate meal site. Alternatively, there can be a women’s (or parents’) corner of the adult congregate meal site that caters specifically to those with babies and children.
- Incorporate a bathroom with a changing stall to accommodate mothers.

*To be accessible to women with children:*

- Have a matted area where babies and children can play, as well as small tables where larger children can eat under the supervision of parents. Ideally, this would be a place for volunteers to work by playing with and helping to supervise the children.
- Provide formula and baby food for infants. (Although many low income women receive WIC (Women, Infant, and Children) benefits, the benefits are intended to be supplemental and do not provide an entire month’s worth of food or formula. Studies have documented cases of women watering down formula to make it through the month, which is dangerous for infants.)
- Provide prenatal supplements for pregnant women.

## Creating Space for Women and Families Case Study: Deborah's Place, Chicago, IL

Deborah's Place (DP) is a good model for a meal site that accommodates women. DP provides permanent supportive housing for women who are over 18 and diagnosed with mental or physical disabilities. Although DP is not a congregate meal site, three meals a day are provided for all of the women who reside at Deborah's Place. The majority of the food is from the GCFD pick-up program, as well as the GCFD food rescue truck that visits the site once a month. This food is supplemented by fresh produce and other items from the grocery store. Deborah's Place staff members do the majority of the cooking, but volunteers assist with preparation and serving of meals when present.

Additionally, the women themselves cook meals when they choose to, and are consulted about the items they would like to see purchased for the meals. This is especially relevant for the vegetarian residents of Deborah's place, who can request soy products and other alternative forms of protein. Because many of the women at Deborah's Place suffer from chronic diseases such as diabetes and heart disease, the staff strives to make all of the food served diabetic friendly and heart healthy by using low levels of sodium, and refraining from frying and other unhealthy food practices. Deborah's Place also partners with Dominican University's nutrition program to provide residents with cooking classes and provide on-one-one nutrition counseling with graduate students for those who request it.



**Volunteers help prepare lunch at the Safe Haven in Deborah's Place**

# The Soup Kitchen As a Site for Education

LCN's congregate meal site can serve as an ideal place to communicate information about nutrition, social services, and community news to guests through peer-to-peer education. Congregate meal sites are spaces where many people who use, or who are eligible for, additional social services gather on a regular basis. Members of the underclass are a particularly hard group to reach with information about resources and other forms of support. They are people who La Casa Norte may not come into contact with otherwise. It is important to convey information in a way that still maintains an atmosphere of de-professionalization. Empowering guests to be peer educators who can communicate information to their peers in the congregate meal site is a way to meet both goals. If sociability is well fostered, guests can begin to form social networks around the soup kitchen, and staff can work to identify the leaders among these different networks, individuals who are consistent guests and are considered particularly knowledgeable and trustworthy sources of information by their peers. Training for these identified leaders, and any other guests who are interested, can be offered to educate attendees on social services available in the Northwest communities, basic nutritional information, best practices for individuals with diet-related and other illnesses, conflict resolution, and how to best convey what they learn to their peers. The training course can be offered on an annual or bi-annual basis. This program was successfully implemented with positive results in the soup kitchen featured in Glasser's anthropology.

A similar but more structured model is that of the *promotora*, which has been successfully used in Latino and Asian communities both abroad and in the United States. In the promotora model, lay community members are trained to provide basic health education to their communities. Promotoras are typically paid, although in some programs they are volunteers. They tend to be more affordable for resource strapped organizations than professionals because they do not have professional training. They are also typically more effective than professionals when it comes to serving especially hard to reach communities. Erie Community Health uses the promotora model to support health education among their patients.

# Tailoring Meals to the Needs of the Community

It is important that LCN's congregate meal site provides guests with meals that meet their nutritional and caloric needs, and does so in a way that caters to the specific health needs of the Northwest. This is especially true considering research that shows many guests receive most or all of the meals from congregate meal sites, or even one congregate meal site in particular. A 2001 study of three urban soup kitchens concluded that "soup kitchen meals may contribute to the high prevalence of obesity and chronic disease reported in the homeless, food insecure population" due to the population's high dependency on the meals which provided suboptimal levels of vitamin C, magnesium, zinc, dietary fiber, or calcium, and excessive amounts of calories, sodium, and saturated fat. In general, the diets of regular soup kitchen guests are often missing sufficient quantities of fruit, dairy, and vegetables, and sufficient amounts of Vitamin A, zinc, calcium, magnesium, Vitamin B-6, thiamin, iron, and folic acid. An exception to that rule was found in a study of a soup kitchen in Chapel Hill, NC that employs a nutritionist to centrally coordinate all meals and their nutritional content. That kitchen was found to provide optimal levels of calories, fat, and all micro and macro nutrients as set by the Dietary Reference Intake guide for adult men except calcium, vitamin D, and folate.

Recommendations for La Casa Norte include:

- Follow the most recent My Plate guidelines provided by the USDA for men, women, and children.
- Employ or consult with a nutrition professional for coordinated planning of meals.
- Conduct an annual nutrition review of meals served and either make adjustments to menus to include missing nutrients and reduce excesses in calories or fat, or provide vitamin supplements for nutrients that regular guests may be missing.
- Provide pre-natal vitamins to pregnant guests or direct them to other places where they can obtain such supplements.

### *Diabetes*

Northwest Chicago are at the epicenter of America's diabetes crisis. Humboldt Park has a 14% diabetes rate, 31% diabetes rate among residents of Puerto Rican descent, and 48% child diabetes rate. In light of this reality, LCN should intentionally cater to diabetics when designing the menu of a new congregate meal site. A common best practice is ensuring that all offerings are diabetic-friendly rather than create separate meals for diabetic guests. Recommendations for La Casa Norte to implement include:

- Offer three meals a day. (While it is acceptable for an average person to, for example, obtain most of their calories for the day from one meal, diabetics need to eat three meals a day, preferably with snack in between.)
- Offer fruits or other snacks after meals for guests to take with them.
- Serve meals with 40-50% of calories from carbohydrates. (A "normal" diet can have 60-70% of calories from carbohydrates.) These carbohydrates should be primarily composed of high fiber foods like beans, whole fruit, whole grains, and milk products.
- Make desserts available for guests as long as serving sizes are standardized to be small, containing no more than 15 grams of sugar.
- Ensure that those serving food know how much is the correct serving size for each menu item
- Use uniformly sized utensils so that those serving food can prepare correct serving sizes
- Distribute nutritional supplements to guests

### *Heart Disease*

Rates of heart disease among those experiencing homelessness and food insecurity are much higher than those of the general population. Among adults experiencing homelessness nationally, deaths caused by cardiovascular disease are three times more common than in the general population. Causes include poor access to medical care, relatively higher rates of drug abuse, the extreme psycho-social stress of living without stable housing and spaces of safety, and food insecurity. A LCN congregate meal site cannot remove all of these risk factors but can help by providing healthy meals. The best way to ensure that guests experiencing, or at risk of, heart disease are eating a heart healthy diet is to make the entire menu heart healthy. This is especially salient given that only 33% of people with hypertension experiencing homelessness are not aware that they have hypertension.

Recommendations for La Casa Norte to implement include:

- Use healthy food preparation methods such as baking and steaming instead of frying.
- Use low sodium options when available, and rinse all canned goods before cooking.

### *Dental Health*

LCN's congregate food site should ensure that there are always nutritious meal offerings appropriate for guests who have severe dental disease or are edentulous (lacking teeth.) Adults and children experiencing homelessness and poverty suffer from dental disease, such as gingivitis, gross cavities and tooth decay, and absent teeth at higher rates than the average population. This is mostly due to the effects of lack of preventative dental care and poor diet, and can be exacerbated by stress, substance abuse, and chronic illnesses such as diabetes and hypertension. In a 2003 study of adult male veterans experiencing homelessness, 48% reported the presence of oral pain, 31% were edentulous, and among those with teeth most had significant decay in several teeth. The CDC reports that young people ages 6-19 who live below the poverty line suffer from untreated cavities at a rate more than twice than of young people living above 200% of the poverty line. Dental problems impact the ability of people to eat nutritious diets. In a study of urban soup kitchen guests, one 45 year old male guest said, "... there's lots of ... vegetables and fruit, greens ... that I would like to eat which I can't eat because I can't chew." This guest's experience is common among individuals with severe dental disease or who are edentulous. Edentulous individuals in particular, "consume significantly less protein and other key nutrients – including fiber, calcium, non-heme iron, and some vitamins – than do individuals with teeth."

### *Dietary Restrictions*

Individuals experiencing homelessness may adhere to dietary restrictions such as vegetarianism for a number of reasons, including religious restrictions, health, allergies, and ethical beliefs and preferences. At Deborah's Place, a supportive housing facility in Chicago for women with chronic severe mental illness, over one third of the residents choose to eat vegetarian diets. However, there is currently no place in Northwest Chicago where individuals who are vegetarian and need the services of a soup kitchen can get a filling meal that satisfies daily nutritional requirements. Northwest Chicago congregate meal sites typically either serve one main dish containing meat that is not separate from the other components of the dish, leaving guests to eat only salad and dessert, or attempt to accommodate vegetarian guests but serve them meals that are nutritionally unsatisfactory. At one site, the main meal was a spaghetti dish that contained vegetables, tomato sauce, ground beef, and sausage. A guest was present who is vegetarian because of his religious beliefs, and he was served spaghetti with just tomato sauce. This meal did provide the guest with the recommended amount of protein or vitamins.

La Casa Norte can be a pioneer and a dependable source of nutrition for vegetarian soup kitchen guests by following these recommendations:

- Serve two main courses, one that contains meat and one that does not, or serve one main meal where meat is physically separate from the rest of the dish and the remaining meal is still nutritionally complete without it.
- Ensure that vegetarian meal options are nutritionally complete by using whole protein combinations such as legumes with rice or corn, whole grains with dairy, or soy products if available.

# Recommendations: Nutrition Education and Counseling

La Casa Norte can help improve food security in the Northwest communities by providing nutrition education programming. To follow are recommendations based on the academic literature that has been written on the topic of food insecurity and its relation to nutrition literacy, and some best practices of organizations providing similar services in Chicago and across the nation.

## *Partnerships*

LCN would benefit from developing partnerships with local and national organizations already doing work around nutrition education. Such partnerships will allow LCN to leverage the power of existing resources, avoid duplicating work that is already being done, and focus on addressing unmet nutrition education needs in the Northwest Chicago community. The profiles below include descriptions and suggestions for nutrition education partnerships LCN can develop that could yield benefits such as best practices guidance, curricula, and programmatic funding.

## **Share Our Strength's Cooking Matters**

Share Our Strength is a national organization based in Washington, D.C. that works to end childhood hunger in the United States. Among other strategies, Share Our Strength uses nutrition education to accomplish this goal through one of its signature programs, Cooking Matters. Through Cooking Matters, Share Our Strength partners with organizations across the country to offer six week courses on nutrition, healthy eating, food preparation, and food budgeting and shopping for low-income adults, teenagers, children, and families with the goal of empowering low-income families to stretch their budgets so children that get healthy meals at home. The Cooking Matters program is indeed making important steps toward this goal: 89% of Cooking Matters for Adults graduates report improved cooking skills, 97% of Cooking for Families graduates report that they are more likely to enjoy cooking alongside their parent(s), and 67% of Cooking Matters for Teens graduates report eating more fruit and 50% report incorporating more vegetables into their diets.

Cooking Matters has a unique model of collaboration between Share Our Strength and local program partners, as shown in the chart below. Share Our Strength provides professional-level curricula and instructional materials, training, evaluation and national leadership support to local programs partners which in turn provide grassroots-level resources and program customizations, and develop relationships with local host sites. Cooking Matters courses are taught by volunteer culinary professionals who are assisted by other adult volunteers. Courses are offered for all age ranges, course materials are available in English and Spanish, the curriculum is designed to utilize ingredients that are included in WIC benefits or can be purchased using SNAP, and courses can also be tailored for individuals with common diseases.

<b>Share Our Strength</b>	<b>Local Partner</b>	<b>Host</b>
coordinates trainings and coaching	coordinate scheduling	participant recruitment
develops curriculum	volunteer recruitment and training	contribution to groceries, materials, and supplies
develops program evaluation and reporting tools	contribution to groceries, materials, and supplies	translation
provides centralized infrastructure and support	administers program evaluation and reporting tools	childcare

The Cooking Matters course curriculum is structured around helping families on tight budgets eat according to the USDA’s “My Plate” guide to building a healthy plate based on the 2010 Dietary Guidelines for Americans. The curricula contain sections on nutrition and the connections between food and health. Participants learn why it is important to incorporate all of the different food groups and sub-food groups into their diets, the various nutrients that are needed for a healthy body, how to measure portion sizes, and why consuming too much of certain food groups has negative health impacts. The courses all include cooking lessons where culinary professionals help participants learn useful food preparation techniques. After each class, participants receive a bag of groceries needed to prepare the food made during the class at home, as a risk-free incentive to try new foods and cooking methods. At the end of the course, a graduation is held and participants who attended the majority of classes receive a completion certificate. There is also a separate, stand alone course called Shopping Matters which only includes shopping trips to local grocery stores where participants practice deciphering nutrition labels, choosing the best fruits and vegetables, and comparing units to make the healthiest choices on a limited budget.

*Potential for Partnership:*

Partnering with Cooking Matters Illinois as a host site is one option for a nutrition education program in LCN's nutrition center. Cooking Matters Illinois does not have a Local Partner organization, but should in the near future. There is a part time employee sent directly from Share Our Strength to manage the state's course programs until a new partner organization is established. As a result, the course load of Cooking Matters Illinois has been lower in 2012– 2013 than usual. While 25 course cycles would occur across the state during a normal year, there were just 15 courses in 2012. Last year Cooking Matters classes were held at Community Health Chicago, Near North Health Service Corporation, Chicago Public Schools, Howard Area Community Center, Mt. Sinai Hospital, Ravenswood Community Services, and Erie Family Health Center. The signature courses are held once per week for two hours during a variety of midday, after school, and evening hours. Cooking Matters Illinois is expected to establish a new Local Partner relationship and be ready to partner with new host sites by March of 2013. As a host site, LCN would work with the local partner to offer the Cooking Matter curriculum on site.



*New Cooking Matters Illinois volunteers learn how to lead the “Lard Sandwich” exercise, which demonstrates the amount of fat in an average fast food meal*

## **Erie Family Health Center**

Erie Family Health Center operates a broad range of nutrition education programs in Humboldt Park. Erie Family Health Center provides quality healthcare to over 37,500 medically underserved Chicago patients, including dental care psychiatric counseling and prenatal care to geriatric services. Erie Family Health Center has 11 clinics across the city, including a Humboldt Park location. The services at this location include Cooking Matters classes and a variety of additional nutrition education opportunities for Erie patients and men, women, and children in the Northwest Chicago community at large. To provide these services Erie uses a team of people, including Chicago Healthy Communities Americorps members, highly trained promotoras, and registered dietitians on staff, as well as volunteer chefs. LCN can learn best practices and gain support during the process of planning the new nutrition center by building a relationship with the nutrition staff at Erie.

Erie's signature nutrition education program is La Vida Sana La Vida Feliz, which seeks to help women achieve significant, positive dietary lifestyle changes. This program includes group education about nutrition, grocery tours, snack demonstrations, and one-on-one time with trained health educators for participants. This program design reflects the finding by Erie staff that when women in particular came seeking nutrition education, the lifestyle changes they hope to achieve were not supported by their whole family. Therefore, the program is structured to eliminate as many barriers as possible. For example, it is offered in English, Spanish, and Polish. It is free, offered at various times of day and various locations, and childcare is provided. The program provides a safe, supportive community of women trying to make healthy lifestyle changes together. Unlike the Cooking Matters Program, La Vida Sana La Vida Feliz is not staffed by licensed nutrition professionals or volunteers, but by paid health educators. Some of the health educators are AmeriCorps members who may not have an extensive background in nutrition, but who have been briefly trained by Erie. The other health educators are promotoras, women from the Humboldt Park community who have been trained to serve as trusted health resources for their peers. Together the health educators develop recipes for the program, give presentations, and teach participants about foods that are new to them, take three benchmark measurements of participants' weight, waist circumference, and blood pressure, and do other work necessary to teach the program.

The Erie nutrition education portfolio has a strong focus on prenatal and infant services. As a Women, Infants, and Children (WIC) center, Erie provides nutrition education to its WIC clients. WIC clients can meet with individually with registered dietitians to create a personal prenatal nutrition plan. Expectant mothers can also participate in centering groups; receive individual services, and become part of a cohort that meets regularly for prenatal and nutrition. Women under the age of 23 can enroll in pregnancy classes that include a nutrition education component at the Erie Teen Center located just north of the Humboldt Park clinic.

The Humboldt Park Clinic has a strong focus on nutrition education for children and teens. The clinic offers the Cooking Matters for Teens classes, a nutrition and education program for families with obese children, which is open to anyone in the community, and individual consultations with dietitians for children. Erie Health also partners with local Chicago Public Schools to extend the reach of its nutrition education programs. Erie operates the Get Real Program, which educates and encourages young people at Clemente, Amison, and Lakeview high schools to eat real, whole, and healthy foods and beverages. Erie also has an oral health which operates in CPS elementary schools. Part of this program is educating children and their parents about the negative oral health impacts of diets high in processed sugary foods, and healthy alternatives.

Erie Family Health has other programs related to nutrition education, including monthly meetings for diabetic patients to discuss eating a diabetes-friendly diet, and the food pantry health education program where Ameri-Corp members help build community in the food pantry and educate clients on how to make healthy meals using the foods available in the pantry.

## West Humboldt Park Development Council and Northwestern University Hospital

The West Humboldt Park Development Council (WHPDC) has the broad goal of improving quality of life for people, families and businesses in the West Humboldt Park community. The WHPDC is dedicated to uplifting West Humboldt Park by leveraging a variety of partnerships. They work to develop affordable housing projects, organize the West Humboldt Park business association, and bring more fresh produce into community's corner stores. Many of these projects address the poor health outcomes experienced by many members of the community. WHPDC 's Healthy Communities Initiative provides or contributes to programming that addresses the poor health outcomes experienced by many community members, including:

- the West Humboldt Park Farmers market, which is open every Saturday during the growing season
- a program with Growing Power-Chicago to make baskets of farm fresh produce available for purchase at affordable prices for Humboldt Park families
- free health screenings at Kelly Hall YMCA with Erie Community Health;
- free weekly fitness and nutrition education classes that are open to the Humboldt Park community;
- cooking classes run by Near North Community Services at Kelly Hall YMCA;
- volunteers to work at the Neighborhood Housing Services of Chicago community garden, which is the only community garden in West Humboldt Park and features health screenings;
- a healthy corner store initiative that helped corner stores in West Humboldt Park find financially sustainable ways to sell fresh produce and published a Health Corner Store Guide.



*A Healthy Corner supported by the WHPDC in a West Humboldt Park corner store*

One of WHPDC's most significant partnerships is with Northwestern University Hospital. The hospital works to support local organizations and address health inequalities on the eastern side of Humboldt Park and West Humboldt Park. The hospital partners with WHPDC to provide nutrition classes at Kelly YMCA, chosen as a location because it is a gang neutral territory of West Humboldt Park. Doctors and public health professionals at NUH have developed a 6 week nutrition education curriculum for the program, which is specifically catered to a population with a very high rate of diabetes and pre-diabetes. The curriculum is available in English, Spanish, and Polish, and also includes a video tool version suitable for low-literacy participants. The program is open to anyone in the Humboldt Park community and features cooking classes taught by volunteer chefs, education about the My Plate nutritional guidelines and relationship between diabetes and diet, a Food Challenge where participants are given gift cards and compete to see who can build a healthy family meal for the cheapest price under \$10, and world food lessons to introduce participants to new ingredients and dishes. An important component of the program is that graduates can choose to participate in monthly follow up sessions to check in with each other and offer support as they continue to implement healthy lifestyle changes. While the program is currently targeted to adult participants, classes for children are being integrated to transform it into a more family oriented program.

*Potential for Partnership:*

Partnerships between LCN and the West Humboldt Park Development Council and Northwestern University Hospital would expand the reach of nutrition education and combat health inequalities in the communities of Northwest Chicago. Currently NUH is looking to play less of an administrative role and shift the majority of decision making to local community organizations through the WHPDC. Therefore by the time LCN has built a new building and is ready fully expand into nutrition education programming in 2014, partnerships will be directly through the WHDC. Such a partnership would allow LCN to use the nutrition education curriculum program developed by NUH in the new nutrition center and access the resources of the WHPDC.

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