Community-Based Culinary Medicine Program for Chronic Disease Prevention in an Underserved Population

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Background

Chronic diseases such as obesity, diabetes, hypertension, and cardiovascular disease disproportionately affect underserved populations and are linked to dietary behaviors. Barriers such as limited access to nutrition education, food insecurity, and lack of cooking skills contribute to poor dietary patterns. Culinary medicine integrates nutrition education with hands-on cooking to improve knowledge and confidence. Community-based teaching kitchen programs provide an effective model to promote health and support chronic disease prevention[1,2].

Purpose

- To improve nutrition knowledge and cooking confidence among underserved adults.
- To demonstrate that healthy meals can be affordable, time-efficient, and enjoyable
- To integrate culinary medicine into resident education
- To promote access to primary care and nutrition services within an FQHC setting

Methods

Setting: Salvation Army in collaboration with SIU General Internal Medicine resident ambulatory clinic.

Design: In-person cooking classes conducted at the Salvation Army, at least monthly. (Twice a month when possible)

Sessions co-led by:

Internal Medicine resident physician (nutrition and chronic disease education)

Registered dietitian (live cooking demonstration)

Resident physicians rotated monthly to deliver structured educational components.

Session details: Education related to:

- Meal planning and food preparation strategies
- Low-cost ingredient substitutions
- Hands-on demonstrations with tasting

Data Tracking: Attendance and interest in follow-up care were tracked via sign-in sheets

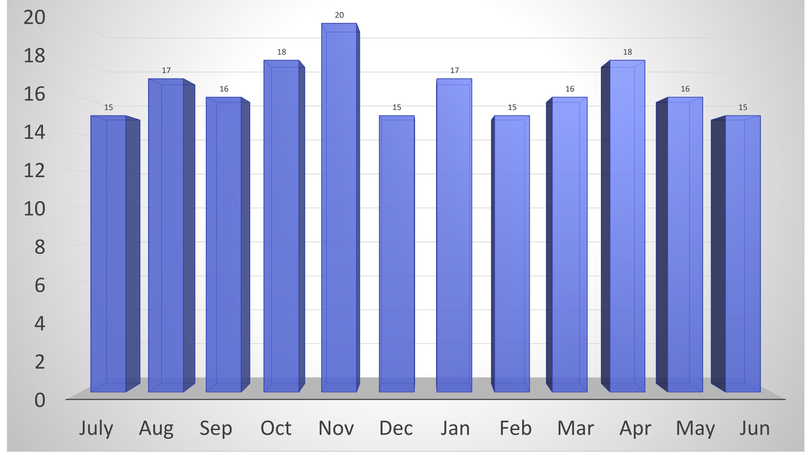
Results

Average attendance: 15–20 participants per session

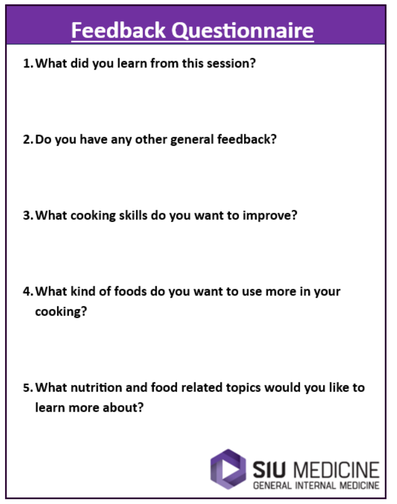
Ingredient cost per session: $25–$50

Participants demonstrated strong engagement and interest by continued participation, tasting prepared foods and trying recipes at home. Several enrolled in nutrition and primary care services. Positive feedback was received and suggestions were used to improve the program. Due to high value and low cost, the program transitioned from grant funding to FQHC operational support.

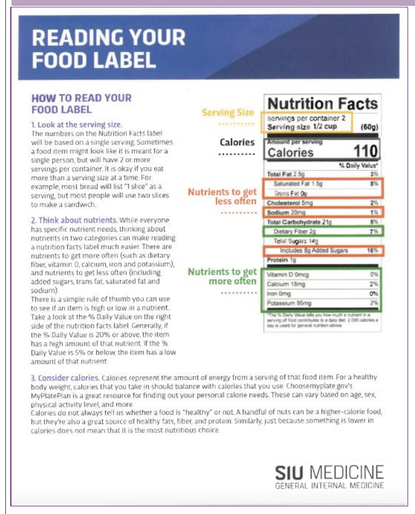
Number of Participants per month in teaching kitchen session



Flyer and Feedback Questionnaire



Education Material Examples



Conclusion

Community-based culinary medicine programs are feasible, cost-effective, and sustainable tools for chronic disease prevention in underserved populations. Integrating resident education and interprofessional collaboration enhances program reach while advancing culinary medicine education.

Support

Program initially supported by grant funding by Southern Illinois University CHOP (Center for Human and Organization Potential); subsequently sustained by FQHC due to demonstrated value.

References

1. Reicks M, Trofholz AC, Stang JS, Laska MN. Impact of cooking and home food preparation interventions among adults: outcomes and implications for future programs. J Nutr Educ Behav. 2014;46(4):259–276.
2. Hartmann C, Dohle S, Siegrist M. Importance of cooking skills for balanced food choices. Appetite. 2013;65:125–131.

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