

WELL | FAMILY

When the Prescription Is a Recipe

By DONNA DE LA CRUZ AUG. 9, 2017

The doctor's office is moving into the kitchen.

After years of telling patients to skip junk food and prepare homemade meals, a growing number of doctors and medical groups are now going a step further and teaching them how to cook. Some are building teaching kitchens or creating food pantries right next to their practices. Others are prescribing culinary education programs in hopes of improving their patients' nutrition and overall health. Some medical schools have even introduced culinary curriculums to train more doctors to talk to patients about food.

Dr. Nimali Fernando, a pediatrician in Spotsylvania, Va., noticed that many of her patients' concerns could be traced to poor diet — even problems that may not seem connected, like bed-wetting. She started a food blog, and soon began offering cooking classes out of a church basement kitchen. In 2014 she opened Yum Pediatrics, a nutrition-based pediatrics practice that included a 600-square-foot teaching kitchen. She also created the Dr. Yum Project, a nonprofit with a preschool nutrition curriculum now taught in several Virginia schools.

“I needed to do more than just give patients a pamphlet. I had to have a kitchen in my office,” Dr. Fernando said. “I try to give a lot of prescriptions that are just recipes to see if we can fix an issue with food.”

Dr. Fernando said she has learned that poor food choices can be the root of many seemingly unrelated issues.

“Sometimes parents say their kids have symptoms of anxiety and are wetting the bed and they feel their child needs to see a counselor or needs medication,” Dr. Fernando said. But when she asks about diet, it may be that the child is not eating enough fiber, which leads to constipation. And constipation, in turn, can aggravate the bladder, causing bed-wetting. “That’s when you can connect the dots and see how food is often intertwined in their symptoms.”

A perk of having a kitchen right next to her office, Dr. Fernando said, is that she can take patients right in and demonstrate something she wants them to try, such as how to grind flaxseed. That costs the patients nothing. But patients pay out-of-pocket for cooking classes, which vary in cost depending on the length. For example, a five-day “food adventure” camp for 7- to 12-year-olds costs \$125. A popular class on how to make nutritious baby food costs \$17.50.

Claudia Castro of Stafford, Va., and her daughter Michelle, 14, began taking lessons in Dr. Fernando’s kitchen after a blood test showed that Michelle was prediabetic.

One of the first recipes Michelle and her mother learned to make in Dr. Fernando’s kitchen was for bean burgers.

“Dr. Fernando took the time to tell us and then show us how to make the food she wants Michelle to eat to be healthy,” Mrs. Castro said. “We also now drink almond milk, we have vegetables and salads, very little red meat. Even when we eat out, we eat healthier.”

Michelle lost 10 pounds in a month and is down one dress size.

At the Children’s Hospital of San Antonio, the Culinary Health Education for Families, or CHEF, program teaches parents and children how to shop, prep and make nutritious meals. Patients must be referred to the program by their doctors, but satellite programs at places like the YMCA are open to the community.

Dharti Patel enrolled her 10-year-old son, Rishi, in the program.

“Most doctors would just hand me some paperwork with advice on what to eat and what not to eat,” Mrs. Patel said. “They would tell me to just follow what’s on the chart. But it did not help.”

In the CHEF program, her son learned how to cut up vegetables and fruit and how to make simple chicken and fish dishes, salads with homemade dressing, tostadas and yogurt parfaits for dessert.

Ms. Patel said her son now reads nutrition labels when they shop at the supermarket. “Whenever Rishi eats, now he looks for how many colors we added to the plate,” she said. “Now he wants to help us at home when we cook. He was surprised that he liked vegetables after all.”

Dr. Julie La Barba, CHEF’s medical director and also a pediatrician, said the program was formed out of the concept that “food could be seen as medicine,” especially in children.

Despite success stories like these, many doctors don’t focus on nutrition when they see patients. Only 27 percent of medical schools in the United States offer students the recommended 25 hours of nutritional training, according to the medical journal *Academic Medicine*. And in a recent study in the *American Journal of Medicine* involving 930 cardiologists, less than a third described their nutrition knowledge as “mostly up-to-date” or better.

Dr. Timothy Harlan, executive director of the Goldring Center for Culinary Medicine at Tulane University, hopes that future doctors see the benefits of adding nutritional education to their treatment arsenal. The center’s curriculum has been licensed and is being used at 28 other medical schools.

“What we teach here is how to have a discussion with one’s patient about food that can have a substantive impact,” Dr. Harlan said. “Physicians will tell you that they have never gotten enough nutrition education. So we sometimes feel underprepared when it comes to nutrition.”

Dr. David M. Eisenberg, director of culinary nutrition at the Harvard T.H. Chan School of Public Health, helped start a medical course called “Healthy Kitchens,

Healthy Lives” to teach doctors to cook. More than 6,000 health professionals have taken the course, which bridges nutrition science, health care and the culinary arts, he said.

“I would love for teaching kitchens to become as commonplace as gyms, and for access to them to be part of our organized health system,” Dr. Eisenberg said.

In 2014, Harvard’s Chan School and the Culinary Institute of America formed the Teaching Kitchen Collaborative, which now has 32 members, including universities, hospitals and companies like Google.

Allison Righter, the coordinator of the Teaching Kitchen Collaborative, said it was formed to bring teaching kitchens across varying organizations together to learn about one another’s facilities and programs and share best practices.

Boston Medical Center, a member of the collaborative, has a “preventive food pantry,” the first of its kind when it opened in 2001. Doctors can write “prescriptions” for patients to visit the pantry, which gives them access to healthful food and addresses issues of nutrition-related illness. It also allows low-income patients access to healthy food.

“There are a lot of conflicting impulses out there regarding food,” said Dr. Christine Pace, an internist at Boston Medical Center. “We live in a culture that has access to incredibly unhealthy food for very little money.”

Doctors are on the front lines when it comes to helping patients change their eating habits, and they should take advantage of that at all levels of medical care, said Dr. Warren Ross, whose primary care practice in Ellicott City, Md., also has a teaching kitchen.

“One would hope that on any medical visit, a doctor would look for an opportunity to see what people are doing around their diet and whether they want additional support in making dietary changes,” Dr. Ross said.

For patients with diagnoses like diabetes or hypertension, a cooking class is billed as an intermediate office visit. Nonpatients can take a class for \$60.

Dr. John La Puma, who in 2003 taught one of the first classes on culinary medicine at a medical school, now runs **Chef Clinic** in Santa Barbara, Calif., to prevent and treat obesity and promote wellness.

“I see patients who want to use lifestyle measures to control and treat chronic conditions: obesity, heart disease and high cholesterol. I see people who generally have seen everybody else and are persuaded and motivated that lifestyle — especially nutrition — has a great deal to do with their well-being,” he said.