

## **Culinary Medicine:**

### **A Necessary Public Health Intervention**

Katelyn Fritzges, MD, CCMS

Primary Care Physician, ChristianaCare

Poor diet is a major public health crisis in the US, with over 529,000 deaths in the US in 2016<sup>1</sup> being associated with dietary risks --- and this was before the COVID-19 pandemic ushered in a rise in rates of obesity, type 2 diabetes, and hypertension across the country.

Meanwhile, our physician trainees consistently report lack of knowledge and skill in providing nutritional counseling, with only 14% of internal medicine residents reporting confidence in their ability to counsel patients about diet.<sup>2</sup> It follows as no surprise that only about 40% of patients endorse receiving nutritional recommendations from their doctors,<sup>3</sup> leaving millions of patients to seek guidance from alternate resources, which inevitably include wellness influencers on social media who may not be touting evidence-based recommendations.

Enter culinary medicine: a new, evidence-based field in medicine that blends the art of food and cooking with the science of medicine.<sup>4</sup> It seeks to address this knowledge gap for healthcare providers by teaching both nutritional and culinary principles with the goal that providers can guide patients to make better food choices to both manage and prevent chronic disease. In a perfect world, healthcare providers might share a favorite recipe or a healthy swap within a recipe to suit the patient's needs. This culinary guidance is key: providers should be able to advise patients on how to make healthy food that tastes delicious.

Culinary medicine does not seek to erase our registered dietitian (RD) colleagues whose dedication to providing nutritional guidance to our patients is invaluable. In fact, many certified culinary medicine specialists are dietitians who have sought the additional culinary training. However, with increasing rates of diet-related chronic disease, frequent delays in care in the overburdened healthcare system, and insurance limitations in coverage of RD visits, our patients don't always have access to RD visits. Training other healthcare professionals in nutrition and culinary medicine allows more contact points for patients to access this guidance and helps amplify the messages from our RD team.

However, educating healthcare professionals is just the beginning. An effective intervention will also require input and action from policymakers and the food industry. Addressing the epidemic of poor diet in our country will require interventions targeting food insecurity and the systems that allow ultra-processed, calorie-dense, nutrient-poor foods to be the most abundant, affordable, and accessible options. It will also require us to address the complexities of disordered eating and weight-related stigma, both of which complicate discussions around healthy eating.

It is an honor to serve as a guest editor for this nutrition-focused issue of the Delaware Journal of Public Health, and I hope that as you read these articles, you are inspired to consider how you might play a role in addressing this crisis... even if that starts with adding an extra vegetable to your own plate.

## References

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