Culinary Nutrition: From Science to Plate

Presented by
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Cooking First
Why Culinary Nutrition

• A passion for food and cooking
• Chronic illness as a child forced me to find alternative ways to heal (versus the multiple medications that I ingested daily)
• Reading Food and Healing by Annemarie Colbin in the 1980’s helped me understand that food choice is the foundation of our health
• In 1988 I sought medical care from Dr. Sherry Rogers, who practiced as an “environmental MD”
• Dr. Rogers prescription for healing was founded in dietary change; she prescribed a candida regimen and given my culinary passion and skills, I transformed my diet and was medicine free and feeling great in one month
• Thus, in my teens I started questioning how people, without culinary passion and skills, could translate a candida diet (or any diet) to the plate
• This experience set the stage for formal education as a chef at Annemarie Colbin’s Natural Gourmet Institute for Health and Culinary Arts and then as a nutritionist
The Culinary Nutritionist

- Food, Agriculture and Environment
- Nutrition Science
- Cooking
- Health (Mind & Body)
- Community
• Understanding the landscape of our food system is central to educating patients about food choice; become an eco-nutritionist
• The immediate issues to communicate and navigate are:
  – Chemical Preservatives
  – Artificial Flavors and Enhancers
  – Artificial Colors
  – Artificial Sweeteners
  – Sugar and Its Many Euphemisms
  – Trans Fats (Hydrogenated Oils)
  – Pesticides
  – Antibiotics
  – Hormones
  – Genetically Modified Organisms
• A variety of fresh whole foods, responsibly sourced, should be the foundation of any healthy diet
• Moderation is key
Nutrition Science

• An advanced degree in nutrition is central to understanding nutrition science making communication with clinical practitioners possible and effective
• This background makes translating the nutrition Rx to the plate possible
• Chronic illness and terminal illness can have a food solution
Health (Mind & Body)

• To be able to give health, you must be healthy; strive for comprehensive self-care
• Align with practitioners beyond the nutrition field whether doctors, mental health specialists, chiropractors, acupuncturists, yoga instructors, fitness experts and other healers
• Patients inevitably need more than nutrition care when on a healing journey
• Guide your patients towards being advocates for their own health by connecting them to other practitioners and collaborating in their care
Community

• Know your community and get involved in local programs and activities
  – Food Pantries/Banks
  – Soup Kitchens
  – Farmers Markets
  – School Programs

• Know your patients’ communities so you can connect them with programs and activities to promote health
Cooking

• Formal culinary training in health supportive cuisine or other
• Love as the main ingredient in food equals true nourishment
• Turn the culinary experience into an *Arts and Crafts Kitchen*
• Cooking breaks down barriers allowing for real education about food and self nourishment
• Cooking creates community
What is the Role of the Culinary Nutritionist

*With this body of knowledge, it is the culinary nutritionist’s role to:*

- **Partner** with clinical practitioners like Registered Dietitians, MDs, DOs and NDs to translate the nutrition Rx to the plate
- **Work intimately** with patients in the comfort of their own home to foster food lifestyle change through hands on learning experiences with food
- **Develop** a food based program for patients that effectively marries the clinician’s nutrition Rx with what a patient can and will do based on multiple factors including behavior, socioeconomics, access, time, etc.
- **Communicate** with the clinicians regarding patient compliance and potential obstacles so patient is set up for success rather than failure
- **Collaborate** with other practitioners to offer the most comprehensive care to patients
From Science to Plate
The Culinary Nutritionist in Practice

• The home environment versus the clinical setting is where real change can occur
• Home visits are central to the practitioner-patient education process—much can be understood about the patient when you enter their home
• This intangible information helps open the doors to transformation
• The culinary nutritionist-patient relationship is very intimate
• Food is very intimate issue
Step One: Patient Assessment

- Takes place in the home in an area of comfort to the patient (living room, den, kitchen)
- Assessment as “Food Therapy”
  - Health/Medical history
    - Current health team
    - Drug-supplements
    - Allergies
    - Family health history
  - Food and Nutrition Goals
  - Relationship to Food
    - Where did you grow up?
    - What was diet like growing up?
    - Were there family meals? If so, what were they like?
    - Who cooked growing up; who cooks now?
    - How did diet change when you left home?
    - Did you go to college? If so, where?
    - Was food pushed on you? Used as punishment or reward?
    - What is the most positive food related experience? Most negative?
  - 24-Hour Recall
  - Favorite Foods (and least favorite)
  - Learn How to Cook
    - Kitchen Notes (review pantry, fridge, freezer and kitchen equipment)
- Program ideas (based on Assessment, ideas on how to proceed are suggested to patient)
- E mail follow-up to patient and referring practitioner
Step Two: Pantry Rehab

• The Shopping Education experience is the foundation for the Pantry Rehab and will help patients understand the *better alternatives* that are available to them (i.e. juice spritzers vs. soda)

• Patient’s needs, what they can and will do and the kitchen notes (all from the Assessment) will drive the Pantry Rehab experience

• Always meet a patient where they’re at and gently push a little; setting realistic expectations will position them for success

• For every “bad choice” there is a *better alternative*

• The *better alternatives* may be the best starting point for a patient no matter how compromised health is
Peeking in the Pantry, Fridge & Freezer
Shopping Education
The Rehab
Step Three: Hands on Cooking

• Based on Assessment you will know what the patient *needs* to learn how to cook but it is important that they also cook what they want—getting them to eat the food and then repeat recipes is the goal.
• The Program Menu outlines the recipes that you will cook together.
• You formulate the Shopping List and send to the patient so they can shop prior to the 2-3 hour session.
• You go to their home, organize for the class, and cook alongside them in the comfort of their own kitchen.
• Cooking instruction, food education, deep culinary experiences from creating to tasting ensues—this is the Arts and Crafts Kitchen and it is here that transformation can happen.
The Arts and Crafts Kitchen
The Cuisine
The Culinary Nutrition Rx

• A dietary prescription (i.e. gluten-free; low carbohydrate; low sodium; low fat; anti-inflammatory; food sensitivities) is translated into a food prescription that is realistic and manageable for patients

• Gently helping patients negotiate and navigate food choice through dietary transition is central to effective translation of the science to the plate
Case Study: Celiac Disease

- **Patient:** Woman in 50’s diagnosed with Celiac; other existing conditions include kidney function issues; neurological issues; and mental health concerns
- **Nutrition Rx:** Gluten-free and anti-inflammatory diet
- **Home Life:** Lives in apartment with husband and step children; one child has a learning disability
- **Work/School Life:** Not working; spends most of her time visiting doctors and caring for her step child
- **Food Behavior:** Adverse to food in general; a lot of painful childhood experiences including abuse that have had a great impact on her ability to nourish herself
- **Access/socioeconomics:** Healthy food is accessible and affordable but sadly patient has multiple excuses as to why she can’t eat to support her array of conditions
- **Support:** Offered Shopping Education and Cooking Class but she refused. Said that she is fully knowledgeable. Created a gluten-free, anti-inflammatory menu for guidance with the understanding that this patient was not in a position to help herself. Connected the RD who referred her and shared my concerns.
- **Summary:** Sadly this patient was neither ready nor capable of change at this juncture.
Case Study: Diabetes

- **Patient:** Woman in late 30’s diagnosed two times with gestational diabetes; high risk for DMII post pregnancy; overweight
- **Nutrition Rx:** Diet based in whole foods with an anti-inflammatory and weight loss focus; food combining education
- **Home Life:** Lives in an isolated community (an island) in a large home with 2 kids, husband and 2 nannies
- **Work/School Life:** Full time mom
- **Food Behavior:** Loves food and noshes all day without thinking about what she is putting in her mouth; incredible neurosis over the quality of food she buys and what she feeds her children but she drinks 4 Cokes per day
- **Access/socioeconomics:** Healthy food is accessible and affordable but undefined neurosis getting in the way of change
- **Support:** Shopping Education/Pantry Rehab; multiple cooking classes for patient and nannies; individual Cycle Menu; monthly follow-ups to offer support and address changing needs
- **Summary:** I worked with this patient for over 2 years and with my support and referral to a therapist and acupuncturist (plus the care of her integrative minded MD), this patient shifted her diet and lost the weight. She continues to seek education and is constantly evolving
Case Study: Heart Disease

- **Patient:** Man in 50’s with history of heart attack in 40’s
- **Nutrition Rx:** The Ornish Spectrum
- **Home Life:** Lives with wife (no kids) outside of the city; enjoys nature, exercise and meditation
- **Work/School Life:** Retired
- **Food Behavior:** Loves food but is petrified to eat off Ornish Spectrum because of history; borderline disordered eating
- **Access/socioeconomics:** Healthy food is accessible and affordable
- **Support:** Did Shopping Education with wife and taught weekly cooking classes to wife as she wanted to learn how to nourish her husband
- **Summary:** Patient (and wife) remain healthy and now have the tools to follow The Ornish Spectrum with some moderation to support overall health
Case Study: Autoimmune Disease

- **Patient:** Woman in 20’s with lupus; overweight
- **Nutrition Rx:** Gluten-free and anti-inflammatory diet to promote weight loss
- **Home Life:** Lives in apartment with husband
- **Work/School Life:** In graduate school and working part-time
- **Food Behavior:** Loves food and wants to do better but is an emotional overeater
- **Access/socioeconomics:** Healthy food is accessible but patient is living on a tight budget; husband is also in graduate school
- **Support:** Offered Shopping Education and Cooking Class to teach patient how to manage the gluten-free, anti-inflammatory diet. Built Cycle Menu to support nutrition Rx; followed up with patient for a year
- **Summary:** While this patient experienced great improvements over the course of our work together and beyond, years later she reached out to work with me again as she took many steps backwards during pregnancy and post-pregnancy; she continues to manage her illness with diet and other care
Case Study: Food Sensitivities

- **Patient:** Man in 40’s with multiple food “allergies” (wheat, milk, nuts, soy, eggs, etc.)
- **Nutrition Rx:** Wheat-free and dairy-free diet
- **Home Life:** Lives alone in NYC
- **Work/School Life:** NYC nightclub owner who works from 6pm until 6am
- **Food Behavior:** Diet is primarily liquid (alcohol) with some food throughout waking hours (cereal; sushi)
- **Access/socioeconomics:** Healthy food is accessible and affordable
- **Support:** Refused Shopping Education and cooking. Preferred a private chef weekly. Created a Cycle Menu following Nutrition Rx but phoned doctor to discuss concerns regarding multiple food “allergies” and possible alcoholism
- **Summary:** Patient worked with chef for a couple of months and was nourished according to Nutrition Rx; doctor confirmed that patient is indeed alcoholic and doesn’t have any notable food “allergies”. Doctor has suggested rehab and psych care but patient refuses.
Integrating Culinary Nutrition into Practice

• Can you do home visits, Shopping Education/Pantry Rehab, Cooking Instruction? If not, partner with someone who does

• Or, modify this technique by integrating the Culinary Nutrition Assessment into your patient intake; also “dress your office” with food products (the good, the bad and the ugly) so you can offer a little food education to your patients; teach a weekly or monthly cooking class

• Offer your patients key resources (as noted in last slide)
The RD/Culinary Nutritionist Collaborative

• The RD traditionally practices in a clinical setting

• The Culinary Nutritionist practices in more community based settings or in homes

• The partnership can give both the opportunity to offer true comprehensive “edible care” to patients honoring the science, the plate and the patient
Secrets from a Culinary Nutritionist

• Heal thyself (research to build network)
• Share your journey, where appropriate, with your patients
• Know your food system
• Know your community
• Know what you know, and know what you don’t know
• Partner with qualified, credible practitioners in the clinical space
• Form relationships with other skilled and qualified healers
• Celebrate food making the not so easy to “digest” inspirational and educational
• Teach your patients how to let go and enjoy food—cooking is the key
• Always offer kindness and compassion no matter how mundane a problem may seem as everyone is fighting their own battle
Culinary Nutrition Resources

• **Food, Ag & Environment**
  - GRACE Communications Foundation (gracelinks.org)
  - Food & Water Watch (foodandwaterwatch.org)
  - Environmental Working Group (ewg.org)
  - Center for Science in the Public Interest (cspi.net)
  - Animal Welfare Approved (animalwelfareapproved.org)
  - Organic Consumers Association (organicconsumers.org)
  - Union of Concerned Scientists (ucsusa.org)
  - Non-GMO Project (nongmo.org)
  - Food MythBusters (foodmyths.org)

• **Nutrition Science**
  - Nutrition Action
  - Tufts Nutrition Newsletter
  - Environmental Nutrition
  - Smart Brief
  - AND updates
  - American Botanical Society

• **Health (Mind & Body)**
  - Center for Mind Body Medicine (cmbm.org)
  - Alliance for Natural Health
  - Prescription for Nutritional Healing by Balch & Balch

• **Community**
  - Just Food (justfood.org)
  - Local Harvest (localharvest.org)
  - Slow Food (slowfoodusa.org)
  - Wellness in the Schools (wellnessintheschools.org)

• **Cooking**
  - Natural Gourmet Institute for Health and Culinary Arts (naturalgourmetinstitute.com)
  - Book Bibles
    - Food and Healing by Annemarie Colbin
    - Whole Foods Companion by Dianne Onstad
    - The Longevity Kitchen by Rebecca Katz
    - Culinary Nutrition: The Science and Practice of Healthy Cooking

• Bastyr University
• Johnson and Wales Culinary Nutrition programs
• Field to Plate (Amanda Archibald’s learning experiences)
One Final Word

Food As Medicine, September 17-21, Kripalu Center for Yoga and Health, Stockbridge, MA

WHAT THE FORK Are You Eating: An Action Plan for Your Pantry and Plate

(Tarcher/Penguin Random House)