

Webinar Will Begin Momentarily

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Professional Education Series

Support. Inform. Educate. Empower.

Changing the Conversation: Utilize Culinary Skills to Educate Patients with a Food First Approach

TODAY'S AGENDA:

- Introduction & Housekeeping
- Speaker Introduction
- Presentation
- Q&A
- Closing



WEBINAR HOST:

Keith Hine, MS, RD

VP of Healthcare, Sports & Professional Education
Orgain, LLC



WEBINAR PRESENTER:

Julie Lopez, RD

Registered Dietitian, Chef and Nationally Recognized Food and Nutrition Expert

»» About



ChefJulieRD.com



[@ChefJulie_RD](https://www.instagram.com/ChefJulie_RD)



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**CULINARY
NUTRITION**
STUDIO

»» Objectives

- Define food-first approach method
- Explain the impact culinary nutrition can have on behavior mediators such as stress, knowledge, confidence, and goal setting
- Practice evidence-based nutrition education relatable to clients through “food talk”



»» Food as Medicine

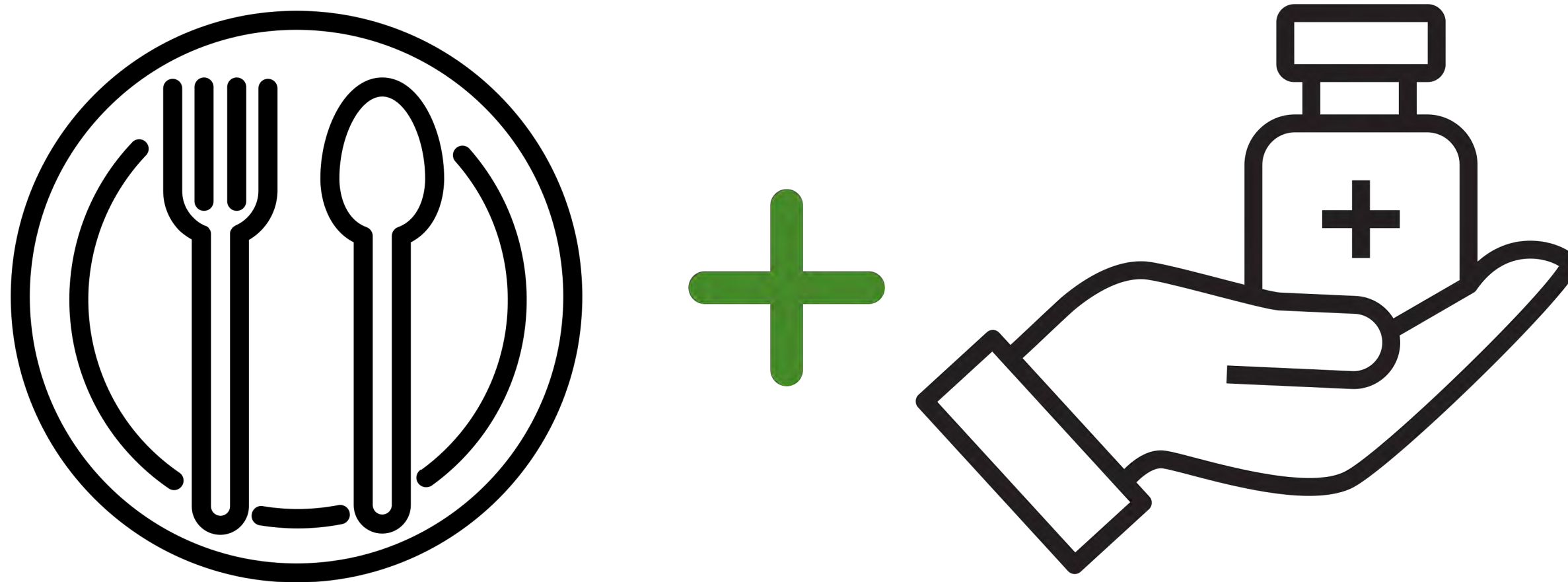
The Academy of Nutrition and Dietetics defines “food as medicine” as a philosophy that utilizes food and nutrition to support health and well-being.

This includes using food for preventative health care, disease management and treatment, improving nutrition security, and promoting food safety.



»» Culinary Medicine

*Unique intersection of the art of food and
the science of medicine*



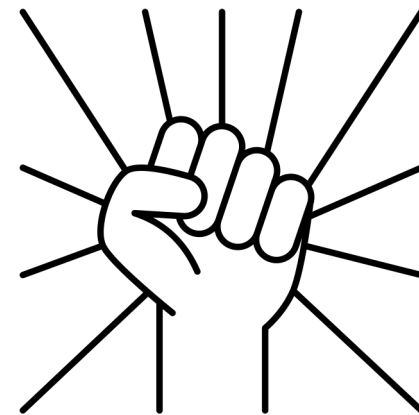
»» "Food First" Approach

The concept is to *bridge the gap of nutrition education* with what clients understand and may already know about food.

Lead with the positive



Empower



Food-focused goals



»» Medical Nutrition Therapy



To address **individual nutrition needs**, taking into account personal and cultural preferences and **willingness to change**.

»» Decisional Balance

Patient with hypertension

This patient can either:

- Reduce sodium intake within their diet (change)
- OR
- Continue to consume increased amount of sodium within their diet (no change)

There are positives & negatives to both choices.

NO CHANGE

CHANGE

+

-

no learning,
same habits,
no change in
cooking

medications,
headaches,
other health
complications
(ie. kidney disease)

improved
symptoms,
feel better,
positive quality
of life

learn new cooking
methods,
cooking/eating
differently,
inconvenience

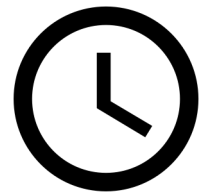
»» Medical Nutrition Therapy



To maintain the pleasure of eating by only limiting food choices when indicated by scientific evidence.

»» Barriers

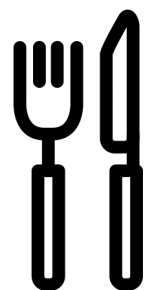
CLIENT



Time

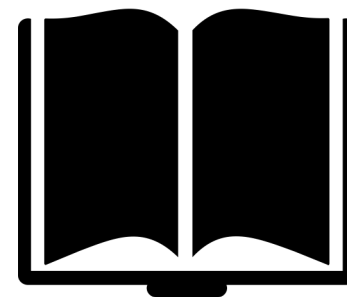


Need new ideas

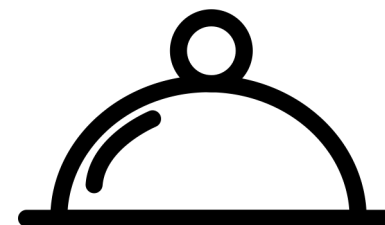


Low kitchen confidence

PRACTIONER



Translating evidence-based research through food



Low kitchen confidence

»» Meeting Clients Where They Are At

> **Helps build trust**

Start with lateral shifts <



»» Why This Model Works

Research has shown that a food-focused approach for nutrition education and classes focusing on cooking skills improve cooking confidence and diet patterns, especially around fruit and vegetable consumption.



»» Putting it into Practice



»» Case Study: Sharon



Age: 65

Dx: high cholesterol, high blood pressure

Goal: decrease cholesterol & normalize blood pressure

Notes:

- Live alone
- Only eats certain vegetables (canned peas, corn, carrots, and green beans). Heats up in the microwave with butter and salt.

How can you translate this to a food-first approach?

What could be some lateral shifts for Sharon?

»» Case Study: Sharon

Focus:

- Lateral shift ideas, progressively adding more
- Using a culinary based food-first approach



»» Let's Cook!



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