

Culinary medicine education program shows positive outcomes for low-income patients with diabetes

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A culinary medicine curriculum had a positive impact on certain biometric and diet-related behavioral and psychosocial outcomes among

low-income, food-insecure patients with type 2 diabetes participating in a clinic-led food prescription program, according to researchers with The University of Texas Health Science Center at Houston (UTHealth Houston).

The results of a pilot study led by Shreela V. Sharma, Ph.D., RDN, professor of epidemiology at UTHealth School of Public Health and in partnership with Harris Health System and the Houston Food Bank, were recently published in *Nutrients*, with qualitative information that informed the development of the study also recently published in the *Journal of the Academy of Nutrition and Dietetics*.

Researchers recruited 40 patients with diabetes from Harris Health System's Strawberry Health Center to participate in a project led by the School of Public Health's Nourish [program](#) that taught A Prescription for Healthy Living (APHL), a culinary medicine curriculum. The patients were also enrolled in a nine-month food prescription program through the Strawberry Health Center's co-located food pantry, which gave them a bi-weekly redemption of 30 pounds of fruits, vegetables, lean protein and other healthy items at no cost with brief nutrition counseling by a registered dietitian. The [study group](#) was compared to patients who received the food prescription only, with no culinary medicine education, from the same clinic in 2019-2020.

"We found that while a food prescription program alone does have a positive and clinically meaningful impact on patient diabetes outcomes, there is an even greater impact when you layer on the culinary skills and education component," Sharma said.

Culinary medicine blends the art of cooking with the science of medicine to instill a healthy dietary pattern. The five-session APHL program aimed to demonstrate to participants that healthy food tastes good and is affordable, simple to prepare, and relevant to all cultures.

These 90-minute sessions—implemented virtually due to the COVID-19 pandemic—included lessons on knife skills, counting carbohydrates, reading labels, meal planning and recipe building, repurposing leftovers, and eating away from home, among other skills.

Overall, APHL participants saw a significant reduction in their glycosylated hemoglobin levels over the course of the study, better controlling their diabetes. Compared to the food prescription-only group, participation in APHL also resulted in significant increases in the consumption of fruits and vegetables, frequency of cooking from scratch, and self-efficacy in meal planning and cooking. Additionally, fewer participants reported that cooking healthy food is difficult.

These findings come one year after previous focus group sessions, recently highlighted in the *Journal of the Academy of Nutrition and Dietetics*, revealed that patients were frustrated with mixed dietary messages from different [health](#) care providers and a lack of culturally inclusive recommendations while also expressing a desire for skills to prepare tasty and healthy food.

As food prescription and culinary medicine programs gain popularity nationwide, Sharma calls for the increased training of dietitians in culinary medicine.

"Ultimately, we would like to scale this work across Harris Health clinics and hospitals and expand it to other settings and partners as well," Sharma said. "It's important for us to analyze and document the impact of this solution so that hopefully, one day, insurance companies will reimburse [food](#) prescription programs."

Broadly, the recent study underscores the significance of the partnership between UTHealth Houston and Harris Health System, according to Sharma and Denise LaRue, MPH, director of care integration and

population health transformation for Harris Health System.

"The greatest benefits of the Nourish program are that it provides our system dietitians with proven dynamic ways to connect with our patients in ways that are both practical and relevant, while delivering results that will measurably impact our patients' – and their families' – health," LaRue said. "This ongoing partnership with UTHealth School of Public Health, and the success of our joint work, demonstrates that a collaborative 'village' approach is the right way to think about health."

More information: Shreela V. Sharma et al, Impact of a Virtual Culinary Medicine Curriculum on Biometric Outcomes, Dietary Habits, and Related Psychosocial Factors among Patients with Diabetes Participating in a Food Prescription Program, *Nutrients* (2021). [DOI: 10.3390/nu13124492](https://doi.org/10.3390/nu13124492)

John Wesley McWhorter et al, Barriers and Facilitators of Implementing a Clinic-Integrated Food Prescription Plus Culinary Medicine Program in a Low-Income Food Insecure Population: A Qualitative Study, *Journal of the Academy of Nutrition and Dietetics* (2021). [DOI: 10.1016/j.jand.2021.11.016](https://doi.org/10.1016/j.jand.2021.11.016)

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