



Teaching Kitchen

alchemy

The Teaching Kitchen genie is out of the lamp and can transform your community's wellness—one recipe and one holistic health connection at a time

by Sandy Todd Webster



The Hacienda at the River Executive Chef David Sullivan presents 'Docs in the Kitchen.' The quarterly healthy cooking demonstration and dinner event series features University of Arizona physicians (see page 53). Photo: Martha Lochert Photography. Image courtesy of Watermark Retirement Communities

Our kitchens hold precious sensory memories that span a lifetime. Whether it's the sweet aroma of cookies baking, the sizzle of a savory sauté or the happy chatter and laughter of loved ones sharing the day's events, this room is often described as the heart and soul of a home. Meals are prepared, memories are created and lessons are learned daily in this functional space, setting a stage that is at once nurturing and sustaining.

In the context of planned living environments, community is a vital success factor.¹ Human beings are inherently social, and regularly connecting with others can contribute significantly to health and emotional well-being.² This is especially true in active living, where a strong sense of community can reduce feelings of isolation and loneliness and promote overall wellness.³

What if you could combine these benefits—and more—into one programming model?

Teaching Kitchens (TKs) across a vast array of settings have quietly gained momentum, efficiently delivering wellness education to people of all ages. If you haven't considered

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TKs to boost connection and improve health outcomes and quality of life among community members, there are compelling reasons to do so.

This article broadly outlines the concept of TKs; provides a science-based review of their promising holistic health benefits; and reports how others are using this unique model to serve customers.

History of Teaching Kitchens

Eisenberg, Pacheco, McClure et al. link the roots of modern TKs to principles embedded in traditional Chinese medicine.⁴ These tenets underscore the importance of prevention over intervention, and the profound influences of eating, moving and thinking on health and recuperative capacity.⁴ Today's TKs honor such ancient foundations by teaching others to cook, eat, move and modify behaviors mindfully to promote optimal well-being.

Though the concept has been around longer, TKs can be traced formally to 2004, when Harvard University and The Culinary Institute of America joint-

ly launched the first annual “Healthy Kitchens, Healthy Lives” (HKHL) conference, a continuing education meeting that combines plenary lectures, culinary demonstrations, hands-on kitchen sessions, networking and interactive workshops for health professionals. Since then, more than 7,000 health professionals and executives have attended and learned about the latest scientific evidence on health, nutrition and sustainability; practical approaches for guiding clients toward healthier habits; and hands-on culinary skills to create delicious and nutritious dishes.⁵

The 2016 HKHL conference prompted a surge in interest from more than 25% of its attendees, who said they intended to establish TKs in their respective environments. This demand sparked the formation of the Teaching Kitchen Collaborative (TKC) later that year. Today, comprised of 58 organizations and 200 members across the United States, Canada, Italy, Germany and Japan, TKC members include diverse entities such as hospitals, medical schools, K-12 schools, colleges, universities, corporations, YMCAs, Veteran's Administration

settings—and active-aging communities. United by a commitment to developing best practices, TKC is an invitational collaborative dedicated to creating a research network that aims to rigorously evaluate and refine the impact of TK programs across various settings and populations.⁶

Despite so much progress in a short time, the work of TKs is nascent and the body of scientific evidence around it is small but growing. Those close to the movement say its potential for improving public health, coaching holistic best practices and upleveling nutrition and cooking education—in addition to an array of other key wellness competencies and benefits—is robust.

“While we’re building the body of research around teaching kitchens, it’s already clear that this hands-on education empowers participants to make healthier choices when selecting food and cooking at home,” says Katie Welch, executive director of TKC. “Once you see and taste quick, delicious food that aligns personal and planetary health, it becomes an easy choice.”

Julia MacLaren, RDN, a culinary medicine leader in Canada and a consultant for the Alberta Health Services' Wellness Kitchen, values the resource trove TKC offers its members. "The Teaching Kitchen Collaborative became a haven of innovation for us. [It gave us the] ability to learn alongside others, have examples to draw from, and to propose things that might not have occurred to us if we hadn't heard or seen it tested somewhere else."

How Teaching Kitchens work

Teaching Kitchens serve as dynamic physical and virtual spaces. These range from dedicated kitchens to mobile, pop-up units that bring education on-site, as well as virtual content delivery. Individuals convene in person or online to acquire life-enhancing skills, strategies and coaching through food- and health-based experiential learning. Training sessions are most often led by dietetic professionals (RDNs), physicians, chefs and public health experts—or combinations thereof, comprising healthcare-culinary dream teams.

With respect to its roots in traditional Chinese medicine, the educational core of TKs extends beyond culinary skill acquisition into evidence-based components such as the latest nutritional science, hands-on culinary instruction, daily movement, mindfulness techniques and behavior change. Think of the TK as a "Big Tent" with an array of specialty tent poles that shape, support and lend integrity to the structure.

These "learning laboratories," as Eisenberg et al. have described them, transcend cooking instruction.⁴ They are spaces where individuals and families absorb information and practical skills that foster well-being and drive the prevention or management of chronic diseases.⁴ Informed by the research and coalitions fostered by TKC, TKs are creating awareness and opportunity for improved health outcomes around the world. From empowering individuals with nutritional literacy to building community through shared wellness experiences, TKs are dynamic contributors to a broader cul-



tural shift toward prevention and holistic public health.

Key factors for health promotion

Humans increasingly face a multitude of chronic health issues catalyzed by sub-optimal dietary patterns, which are tied to leading causes of early death in both the United States⁷ and abroad.⁸ These mainly include obesity, type 2 diabetes, coronary heart disease, hypertension, stroke and certain cancers. Evidence-based, practical guidance on diet and lifestyle is a critical tool for repairing our reactive "sick care" model. Rather than perpetuating preventable suffering and death at great cost to individuals, our healthcare system, productivity and public health,⁹ TKs can enhance health outcomes through self-care behaviors, influence biomarkers, improve clinical outcomes and reduce healthcare costs.⁴

Welch points out that in terms of health outcomes tied to improved nutrition, older adults may be able to cut their odds of developing osteoporosis and age-related muscle loss¹⁰; lower their long-term risk for cardio-

vascular disease¹¹ and type 2 diabetes¹²; improve brain functioning¹³; and have a healthier body weight.¹⁴ "It's not just about living longer—it's about living longer and feeling well. It's about quality of life," she says.

As described by Eisenberg et al.,⁴ "The comprehensive and essential evidence-based educational components of TKs include:

1. nutrition facts based on the latest science, i.e., what to eat more of or less of—and why;
2. hands-on culinary instruction to teach health care professionals how they, and their patients, can prepare healthy, delicious, easy-to-make, affordable and sustainable recipes and meals;
3. the importance of movement and exercise apart from the importance of a healthy diet;
4. mindfulness techniques to apply when selecting foods, cooking, eating, appreciating levels of satiety and learning to 'be present' as part of daily life and work; and

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5. sustained behavior change informed by motivational interviewing and health coaching principles.”

TKs hold potential for shared assets among universities, health professional schools, hospitals, corporate worksites and in active living communities. If building a program from scratch seems daunting, administrators and program directors may be able to introduce residents to TKs through collaborations with established programs.

Teaching kitchens are strong community-builders, Welch says. “When you learn

about food and cook together, strangers can become friends by the time they sit down to eat. Especially for older adults, teaching kitchens can be a wonderful vehicle for combating loneliness and feelings of isolation. They can provide opportunities to involve family members, learn from each other and involve the broader community.”

The role of culinary medicine in Teaching Kitchens

Culinary medicine (CM) is a growing field rooted in evidence-based practices that integrates meal planning, preparation and cooking with health science knowledge to enhance health outcomes.¹⁵ Perched at the nexus of nutrition and healthcare, CM redefines our view of food by placing it squarely at the center of well-being. As such, it serves as the central, load-bearing pole in the Big Tent analogy. Culinary medicine goes beyond the conventional notion of medicine, recognizing that what we consume has a deep impact on health and well-being. It marries the art of cooking with the science of nutrition, employing food as the fulcrum to prevent and manage various health conditions.¹⁵ In short, food is medicine.

Culinary medicine has multiple stakeholders across a diverse range of health professionals and individuals, including RDNs, physicians, rehabilitation therapists, nurses, mental health practitioners, researchers, chefs, entrepreneurs, community members and health advocates. Among them, RDNs play a pivotal role, contributing significantly in various practice settings and often leading programs due to their unique training and expertise in food and nutrition.¹⁶

Distinguishing itself from nutrition, dietetics and other medical disciplines, CM is not confined to a singular dietary philosophy, rejection of prescription medications or the mere appreciation of good cooking. Its core objective is to guide individuals in making informed medical decisions about consuming high-quality meals that aid in disease prevention, treatment and general well-being.¹⁵ It addresses the immediate

needs of patients, emphasizing the individualized nature of dietary recommendations tailored to specific clinical conditions and cultural preferences (see “Case Study: The Hacienda at the River’s “Docs in the Kitchen” on page 53.)

Collaboratively developed by frontline clinical RDNs and interprofessional clinical teams, the CM interventions MacLaren works on at Alberta Health Services’ Wellness Kitchen are woven into clinical practice and research, covering a spectrum of condition-specific and life-stage topics. Their CM offerings include demonstration sessions, “cookalongs” (where attendees/viewers prepare the meal as well) and multicomponent, shared medical appointments.

Their state-of-the-art kitchen is well-equipped with broadcast media, enabling the delivery of in-person, live virtual and hybrid (in person and virtual) programming, as well as professional recordings. The reach of these programs, operating within an integrated provincial health authority, extends provincially with the potential of serving over four million patients and clients, more than 725,000 of whom are older adults.

For MacLaren, combining CM with TKs is where “the rubber hits the road for nutrition intervention.” This is where she sees a practical application triad of evidence-based nutrition recommendations; whole foods, recipe-based and skill-based interventions; and food access interventions holding potential to enhance behavior change outcomes and increase [client] satisfaction.¹⁷

“For older adults, there’s this potential shift in self-conception—the ability to see yourself as someone who can still do these things—and who is, in some ways, the [cooking] ‘knowledge keeper’ for your home and for your family,” MacLaren says. “This is exactly the knowledge that is disappearing across our populations. I would

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Case study: The Hacienda by the River's 'Docs in the Kitchen'



University of Arizona physicians Dr. Juanita Merchant (left) and Dr. Kristina Gowin (right) join The Hacienda Executive Chef David Sullivan (center) in presenting a 'Docs in the Kitchen' event at The Hacienda at the River. Image courtesy of the University of Arizona

Since June 2023, ICAA NuStep Beacon Award 2019 recipient The Hacienda by the River in Tucson has collaborated with the University of Arizona College of Medicine to offer Teaching Kitchen-style programs to residents. These quarterly "Docs in the Kitchen" events combine medical expertise about specific diets with cooking demonstrations to show residents practical possibilities.

"Many physicians talk to patients about the need for diet adjustments but don't have the knowledge or time to discuss how that translates into the kitchen," says Lisa Terry-Jones, Hacienda at the River membership director and Watermark Retirement Communities' program coordinator. This collaboration connects the physician-led medical discussion with a professional chef who translates how to make food adjustments easy and tasty in the kitchen, she says.

For example, two past themes tackled 1) using specific cooking techniques along with savory spices to keep dishes flavorful in notoriously bland low-sodium diets, and 2) preparing healthy, gluten-free meals that promote gut health. Led by Juanita Merchant, MD, PhD, chief of the Gastroenterology & Hepatology division at University of Arizona College of Medicine, and The Hacienda at the River's executive chef David Sullivan, these presentations con-

vey practically that food is healing and that nutrition strategies can help people thrive.

"I am provided a topic for the presentation and Dr. Merchant and I collaborate closely for our menu," Sullivan says. "We're both passionate about what we do, so coming together around any particular health topic/menu focus is really the fun part."

Merchant adds that since the basis of the event is to combine medical information on diet with specific disorders, the disease drives the theme. "We try to rotate the diseases among different specialties, but the major disorders requiring special diets are heart disease, diabetes, kidney failure, celiac and inflammatory bowel disease. The goal is to equip participants and family with the tools they need to maintain their health and independence despite having a difficult diagnosis."

Once the menu is established, Sullivan sets up the recipe production and demos recipe steps "show-and-tell" style. Merchant and supporting physicians speak to the science and medical aspects of the various dishes while he cooks—and the "Docs" often jump in to help. "I provide the 'what'; they provide the 'why,'" Sullivan says. "Within this structure it becomes a [spontaneous] discussion, where the audience can ask questions and drive the topics to their specific areas of interest and concern. Then we enjoy the meal together."

Chef Sullivan points out that healing the human body through diet is one of the oldest forms of medicine. "Having a team of leading doctors present to speak on this topic gives power and legitimacy to what would normally be 'just a cooking demonstration,'" he says. "As a culinary educator, my goal is to get people excited about great food and cooking. Couple this with the expert knowledge of these medical professionals and this program has extraordinary weight, depth and validity."

Docs in the Kitchen primarily benefits the members and family of residents at The Hacienda at the River, but Terry-Jones explains that they also extend an invitation to participate to members of its sister community, The Hacienda at the Canyon.

"We talk about collaborations like this all the time to prospective residents," says Terry-Jones. "Being associated with a prestigious group like the University of Arizona College of Medicine is something we are proud of and showcases the kind of unique opportunities available to our membership."

"Our mission is to create an extraordinary and innovative community where people thrive. Partnerships like this showcase the best of that intention," she continues. "Education on the important health benefit of food centered around a specific topic—and the communal nature of how food brings people together—is an innovative way of blending two important factors of [well-being] we need every day."

The Hacienda at the River offers independent living, assisted living and memory care services in Tucson's Catalina Hills. Rooted in the traditions of the American Southwest, the community is owned and operated by Watermark Retirement Communities. Visit www.watermarkcommunities.com to learn more.



love to see older adults sharing their knowledge, feeling like champions, potentially retaining their memory and cognition longer because they get the opportunity to practice [cooking skills] and even partner in multigenerational cooking programs.”

Why consider a Teaching Kitchen program?


The advantages of launching TK curriculum are multilayered, benefiting participants, their families, your staff and the community at large—which includes laying new business pipelines, says Welch. “TK programming for older adults can enhance their physical health and well-being, reduce isolation, build community and increase participation of withdrawn individuals,” she says. “Periodic classes that are open to the public can be used for recruitment of new residents, and as a showcase for families. With a minimal investment in technology, a TK in [your] community could create content specifically for seniors and use those videos as a marketing and education tool.”

In addition, CEOs and program directors may also consider TKs as a resource for their own teams. A TK can improve morale, staff recruitment and retention, teamwork and overall employee health. “We have seen TKs that offer a recipe—and, in some cases, some ingredients—every week for staff members to cook with their families at home. Encouragement and financial support at the corporate level makes this a possibility,” Welch adds.

MacLaren recognizes that CEOs and program directors need to consider metrics and efficiencies when implementing new programs. It helps to understand what your core satisfaction metrics are and what drives them. For instance, if you plan to implement a TK program, and if you make it a regular activity that loved ones or the outside community can participate in, perhaps it’s a good idea to involve residents in shaping it. By getting them invested in the process, she says, you’ll likely see improvement in those satisfaction metrics.

And while MacLaren acknowledges that perhaps not everyone is going to take away food skills and begin cooking three meals a day for themselves, there are some folks who will. Even for residents who don’t fully adopt new cooking and eating habits, TKs will encourage socialization and bring other gifts such as community synergy and personal connection. “If you want a vibrant and engaged community that is interacting, building social connections and enjoying this era of their life, [TKs] have fantastic potential to do that,” she observes.

Perhaps another way to look at it is to consider the cost of not implementing TKs and other such programs that bring residents together regularly. “We saw during COVID-19 when you take away one or two key socialization pieces, people’s well-being declined rapidly,” MacLaren recalls. “The flip side is also true: When you add one or two key opportunities for connection, memory stimulus, physical engagement or coming out of isolation, you’ll start to see people’s health outcomes improve.

You're also going to see their appreciation for, and utilization of, your physical space optimized. Family members are going to tell those stories to their peers." 

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Resources

Several key organizations and resources can provide valuable information, research and support for further exploration of Teaching Kitchens (TKs), culinary medicine (CM) and the integration of nutrition and health in your community.

Healthy Kitchens, Healthy Lives Conference

Website: <https://www.healthykitchens.org>
Description: This collaborative annual event from The Culinary Institute of America and Harvard T.H. Chan School of Public Health focuses on healthcare professionals and chefs working together to integrate nutrition and culinary education into medical practice.

The Teaching Kitchen Collaborative

Website: <https://www.teachingkitchens.org>
Description: This collaborative brings together organizations interested in advancing the practice of CM and TK programs. It provides resources, case studies, peer-reviewed research and a platform for sharing best practices.

Goldring Center for Culinary Medicine

Website: <https://culinarymedicine.org>
Description: This Tulane University center emphasizes the integration of CM into medical education and healthcare practice. It offers resources, training and research.

American College of Lifestyle Medicine (ACLM)

Website: <https://lifestylemedicine.org>
Description: ACLM is a professional medical association dedicated to the advancement and integration of lifestyle medicine into healthcare. It provides resources, events and educational opportunities related to lifestyle medicine.

Harvard T.H. Chan School of Public Health–Nutrition Source

Website: <https://www.hsph.harvard.edu/nutritionsource>

Description: *Nutrition Source* provides evidence-based information on diet and nutrition, and can be a valuable resource for understanding the health implications of dietary choices.

Alberta Health Services Wellness Centre and Wellness Kitchen

Website: <https://www.albertahealthservices.ca/shc/Page14846.aspx>
Description: Alberta Health Services (AHS) is responsible for promoting wellness and providing healthcare services across the province of Alberta, Canada. CM and TK programs are highlighted in their program guide, and the Wellness Kitchen page links to tested CM recipes.

National Institutes of Health (NIH)–National Center for Complementary and Integrative Health (NCCIH)

Website: <https://www.nccih.nih.gov/>
Description: NCCIH explores complementary and integrative health approaches, including the role of nutrition. It provides research and information on the intersection of health, wellness and lifestyle.

LeadingAge

Website: <https://leadingage.org/>
Description: LeadingAge is an association of nonprofit organizations representing the field of aging services. It offers insights into trends and innovations in older-adult living, including programs like TKs.

Age Friendly Teaching Kitchens

Research: How To Ensure that Teaching Kitchens Are Age Friendly¹⁸
Website: <https://doi.org/10.1016/j.jneb.2019.11.003>
Description: Evidence supportive of adapting and enhancing TKs for older adults.

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Brainstorm: How to start a Teaching Kitchen program

If you’re thinking of adding a Teaching Kitchen (TK) to your programming menu, try to avoid “all-or-nothing” thinking. Lacking a physical kitchen is not a deal-breaker; nor is it requisite to have a chef. Start incrementally, use your imagination and consider these excellent suggestions from Julia MacLaren, RDN, and her colleagues Thomas, McManus, Badaracco et al.¹⁶ to understand what’s possible in terms of partnering, securing funding and finding talented, experienced leaders for your TK. Use this abbreviated list from their article to spark more ideas with your team on how to leverage resources and get started.

- Embed culinary medicine (CM) interventions in existing initiatives such as those found at your local YMCA, grocery stores and faith-based institutions. Leverage use of facilities with professional kitchens and engaged members.
- Collaborate with culinary, health-care and wellness experts to establish comprehensive CM curriculum.
- Integrate CM interventions into established curriculum, such as adding a cooking element to a diabetes prevention program.
- Add CM components into existing integrative, functional and lifestyle programming to provide experiential learning around food and nutrition.
- Communicate and market your TK program through social media, public relations campaigns and consumer education. This can help draw outside interest to your community’s

innovation and be an entry point for future community members.

- Work with external partners to scale operations, provide cross-branding, and enter new markets.
- Develop revenue streams through educational classes for both residents and nonresidents with topical culinary events as part of TK programs.
- Seek support from the RDN community, as well as integrative, functional and lifestyle medical providers to lead TK programs and CM interventions, tapping into existing proponents of the work.
- Seek public and philanthropic grants/funding to scale TK programs and impact population health, particularly those supporting translational nutrition science and community implementation.
- Collaborate with local farmers to offer participants locally grown food and education, supporting CSAs [community supported agriculture programs] and farmers markets.
- Partner with virtual health, IT, and broadcasting entities for live or recorded “cookalongs” or demonstrations as part of CM interventions to extend your reach to those who may live further away.

Also, “Consider renting out your TK to community groups that are looking for space to cook or experience team-building activities—or to area physicians/RNs/RDNs expanding their CM practices,” adds Katie Welch, executive director of Teaching Kitchen Collaborative.