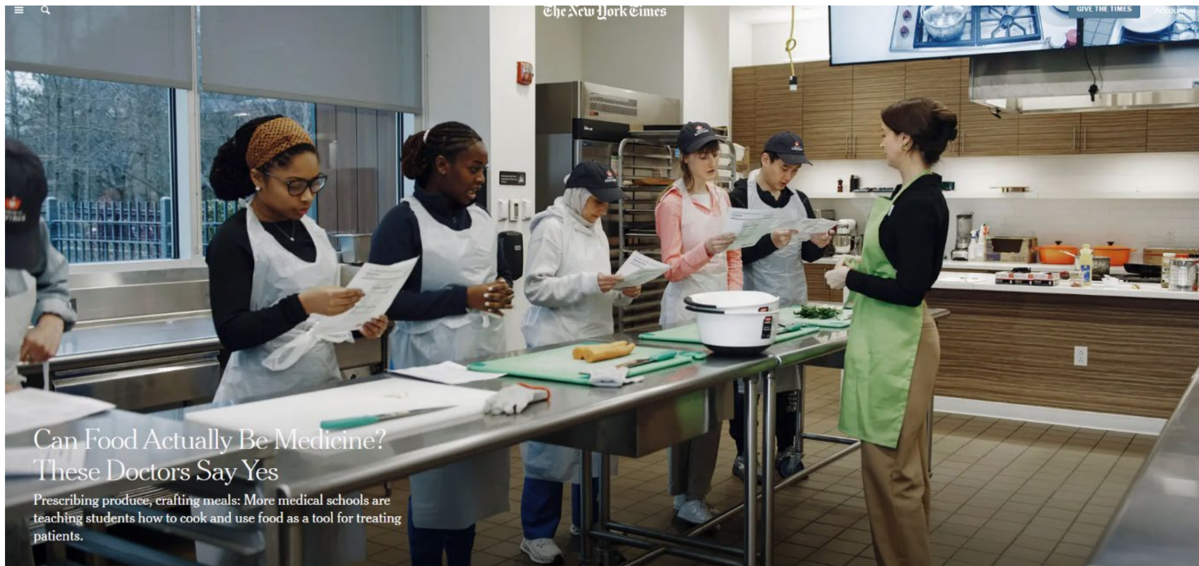

By Kim Severson
Reporting from Boston

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Lauren Estess, a third-year student at Tufts University School of Medicine, believes knowing how to make chickpea stew will make her a better doctor.

She and 14 other students spent a recent evening making dinner as part of a two-month culinary medicine class to train doctors, dentists and dietitians that the university began offering last spring. Using case studies and cooking, the course aims to convince future medical professionals that good, affordable food targeting specific diseases can be as important as medication.

"It's unfortunately a big misconception that medicine doesn't have anything to do with food," she said, chopping dill with hands she hopes will one day be delivering babies.

That the modern American medical system should view the kitchen as an extension of the doctor's office isn't a novel idea. But it's riding a populist wave that merges the traditionally progressive Good Food Movement — with its focus on local food, the environment and food justice — with the largely conservative, food-centered Make America Healthy Again agenda.

The medical school at Tulane University established the first teaching kitchen in 2012, and formalized a style of evidence-based curriculum that embraces a simple tenet: Food is an essential part of health care. Now more than 60 medical schools, residency programs and nursing schools use a version of Tulane's curriculum adapted by the American College of Culinary Medicine.

Teaching doctors kitchen literacy is one piece of a growing movement called Food Is Medicine. Think of it as a modern, research-backed version of "an apple a day keeps the doctor away."

The eight-week course includes culinary instruction, with students creating recipes and cooking dishes like chickpea stew. Tony Luong for The New York Times

Plenty of data show that if physicians know more about cooking, they are more likely to use food as a tool to treat patients, said Wendelin Slusser, an associate vice provost and professor of pediatrics at the University of California, Los Angeles, speaking at a panel last year.

"Are we preparing them to prescribe it with the same confidence as medicine?" she asked.

The practice of treating disease with home-delivered food began during the AIDS epidemic in the 1980s. Volunteers created palatable, nutrient-dense meals to help combat H.I.V. wasting syndrome, which essentially caused patients to starve to death even when they ate.

Over the years, community organizations expanded beyond AIDS and began designing meals carefully calibrated to combat food-related illnesses like Type 2 diabetes and cardiac and kidney diseases. A handful of doctors started prescribing produce for low-income patients facing diet-related illnesses.

Cooking and nutrition electives arrived in medical schools in the early 2000s, driven by researchers at Harvard University and the Culinary Institute of America who brought white coats and chef's whites into the same room. Two decades later, the Biden administration declared Food is Medicine a formal health strategy. Foundations and grocers committed hundreds of millions to research. Programs that provided prescription produce and special meal kits — once paid for with donations and grant money — became part of the Department of Agriculture budget.

The holy grail is to get health insurers and the government to pay for food-based treatment, a concept that a doctor named H. Jack Geiger tested in the 1960s at a clinic in Mississippi. He prescribed food for patients to be purchased at Black-owned grocery stores and paid for it with a mix of federal dollars and grants intended for pharmaceuticals. President Lyndon B. Johnson sent an investigator to Mississippi to stop what officials thought was a misuse of money earmarked for medicine.

"The last time I looked in my medical textbooks," Dr. Geiger told the investigator, "they said the specific therapy for malnutrition was food."

The battle to get the government to pay for medically prescribed food continues, and in the past few years, health insurers have jumped in. Thirteen states started using Medicaid dollars to pay for medically tailored meals, although Medicaid budget cuts have put some programs on hold.

Several studies are underway to test how effective the programs really are. One showed a 16 percent savings in monthly health care costs and a nearly 50 percent reduction in hospital admissions among people who consistently ate medically tailored meals.

Chuck Self, a retired Boston police officer with Type 2 diabetes and heart disease, is a true believer. Four years ago, he was going to have to start injecting himself with insulin, and faced amputation because a foot wound wouldn't heal. His doctor agreed to write a prescription for prepared meals and healthy groceries to see if the food would help lower his blood sugar and improve his cardiac function.

It did. Combined with other treatment, the meals helped him lose weight and reduce the number of medications he takes.

"The stuff they feed you is top notch," he said. "It's a lot of fish and chicken, and I get a lot of beans and lentils and complex grains — things that we used to eat a hundred years ago but dropped the ball on."

The Tufts culinary medicine course includes time in the classroom in addition to the kitchen. Tony Luong for The New York Times

To prescribe food as treatment, doctors need to know more about it, said Corby Kummer, a journalist and the executive director of the food and society policy program at the Aspen Institute.

The idea isn't to help doctors throw better dinner parties, but to understand how certain diseases like Type 2 diabetes, renal failure and even some cancers can be prevented or managed through targeted food intervention.

“The point is to have doctors tell a patient you need to see a nutritionist and have that nutritionist paid for,” said Mr. Kummer, who lectures at the Friedman School of Nutrition Science and Policy at Tufts, where the course was developed.

Asking a patient to eat more protein is one thing. Learning what to buy, how much it costs and what it takes to prepare that protein is another, said Nadine Tassabehji, an assistant professor at Tufts University School of Dental Medicine, who directs the culinary medicine course.

“If they don’t have the skill set or they don’t know what it looks like in the kitchen,” she said, “how can they advise patients?”

The classes are taught at Community Servings in Boston, which sends out more than a million meals each year, each one calibrated to the specific medical needs of its clients. Tony Luong for The New York Times

Many medical schools offer some nutritional training, but it’s often focused on biochemistry. One recent survey showed nearly 60 percent of medical students receive no nutrition education at all.

Robert F. Kennedy Jr., the secretary of health and human services, mounted a pressure campaign to change that, announcing in March that 53 of the nation’s roughly 160 medical schools agreed to teach 40 hours of nutrition education during medical training. Tufts signed the agreement, although Helen Boucher, dean of the medical school, said Tufts had already met and in several areas exceeded his new standards.

The Tufts cooking classes are held at Community Servings in Boston. Like God's Love We Deliver, a New York organization that provides medically tailored meals, Community Servings started by feeding people with AIDS. Now the organization sends out about 1.2 million scratch-made meals a year, each carefully calibrated to target one of 16 health conditions and tailored to a patient's food preferences. A mix of state Medicaid dollars, private insurance and philanthropic money pays for the food.

For their final project, students have to create recipes for imaginary patients. Ms. Estess, the future obstetrician, chose a 28-year-old pregnant woman from Haiti. She's working on a Creole-inspired okra and lentil stew with beans that maximizes crucial prenatal vitamins and minerals, is easy to prepare and hits the right cultural note.

Some of the students were already agile in the kitchen, but many were not. Deloshene Sittambalam is in her second year of dental school. She struggled to slice mint for cucumber raita, a condiment to go with the chickpea stew and whole-wheat couscous that the students ate at the end of class. Her family is from Sri Lanka. She grew up eating well, but her parents insisted she stay out of the kitchen and instead focus on her academics.

"Nutrition is the intersection of dental medicine and internal medicine," she said. For example, a doctor might tell a patient who is going through chemotherapy or has a gastric sleeve to eat several times a day, but dentists advise patients to limit snacking to prevent cavities. How can she find ways to support both the patient's dietary needs and oral health?

The power of teaching a doctor or a dentist to cook can't be underestimated, said Michel Nischan, a chef who co-founded the nutrition-access nonprofit Wholesome Wave, and in 2010 pioneered produce prescriptions.

"You get someone who starts to get confident about what they cook, and it gets them jazzed about it," he said. "There isn't a doctor that I met who has sipped that cup of Kool-Aid who doesn't watch 'Top Chef' now."

Kim Severson is an Atlanta-based reporter who covers the nation's food culture and contributes to NYT Cooking.