

# HEALTHY FOOD VERSUS HEALTHCARE SPENDING AND TRENDS IN MEDICAL-CULINARY EDUCATIONAL ALLIANCES

In 1960, the total annual U.S. expenditures for food were estimated at \$74 billion. This was roughly three times as much as the total expenditures that same year of \$27 billion for healthcare. Fast forward to 2013. U.S. citizens spent \$1.42 trillion on food and \$2.9 trillion on healthcare, flipping the ratio, with healthcare spending now twice that of food.



These sobering statistics document an 18-fold increase in food expenditures over the past half century, as compared with a 102-fold increase in healthcare expenditures over the same period of time. These trends in health-related expenditures are considered unsustainable, as are the increasing rates of obesity, diabetes, and other diet- and lifestyle-related medical conditions. Interestingly, in recent years almost a quarter of all preventable deaths in the U.S. were from causes linked to dietary risk.

One reason for this shift may be the increasing reliance on hyper-processed foods of white flour, added sugar, excess salt, and unhealthy fats, as well as the decreasing amount of time Americans spend cooking today as compared with the time spent decades ago—a decrease of 50 percent across all demographic groups between 1965 and 1995. Interestingly, even though this could be more circumstantial than causative, each 30 minutes of reduced cooking time has been associated with a 0.5 increase in Body Mass Index (BMI). It is also notable, though not conclusive, that many industrialized countries where individuals spend more time preparing their foods have lower rates of obesity. For example, Italian and French adults spend about 19 more minutes per day cooking than Americans and have far lower rates of obesity. By contrast, adults in the United Kingdom spend approximately the same amount of time cooking as Americans do and have comparable rates of obesity.

Over the past year, four studies have been published exploring the relationship between time spent cooking and the quality of one's diet. Two suggest that more time spent cooking is predictive of enhanced diet quality and one does not. This latter study raises the point that asking about time spent cooking, without some clarification about *what* one is cooking (e.g. family dinners vs. preparation of frequent desserts for family and friends), may lead to erroneous conclusions. The fourth study, a review of relevant studies, suggests the need for more and better scientific inquiry regarding the impact that cooking, for a range of purposes and including a range of competencies, may have on health outcomes.

While such controversies persist, the hypothesis remains that teaching both healthful nutrition and health-based culinary skills to individuals who consume less healthy foods may increase their

freedom to choose a healthier diet and lifestyle. Yet, it is rare for medical, culinary, and food industry communities—each responsible for trillions of dollars of the U.S. economy—to share data, skills, questions, and ideas, or partner in efforts to diminish rates of obesity, diabetes, and other diet-related health problems.

Over the last several years, some interesting pilot programs have seen success. Cooking Matters, a program sponsored by anti-hunger organization Share Our Strength, has taught 120,000 low-income people in 40 states how to shop smart and cook healthy food on a budget. The non-profit Wholesome Wave launched a Fruit and Vegetable Prescription Program that allows doctors to give money to families struggling with diet-related disease to buy fresh fruits and vegetables at local farmers markets. Kaiser Permanente runs more than 50 farmers markets at its various hospitals and has recently launched a program to deliver healthy, non-processed foods to the homes of post-operative patients. Gardens to Hospitals is an innovative “ecopreneurial” company that builds and maintains hydroponic greenhouses on hospital property, supplying fresh vegetables 12 months per year. At the annual Healthy Kitchens, Healthy Lives educational conference at The Culinary Institute of America in March 2014, 34 percent of the registered healthcare professionals reported that their hospitals and/or health systems already had built a demonstration or teaching kitchen, or had plans to do so in the coming 24 months. An even larger percentage of attendees (38 percent) at the 2015 Healthy Kitchens, Healthy Lives conference confirmed the establishment of teaching kitchens across organizations and healthcare delivery systems.

These trends and programs are exciting early phases of innovation and development, and they require the ongoing support of the healthcare, culinary, and public health communities. The goal of enhancing the relationship between judicious expenditures on food expenditures and judicious healthcare expenditures will be realized when collaborations between the medical, public health, culinary, and sustainability communities become ever more inter-dependent and concerted.

## RECOMMENDATIONS:

Foodservice companies and culinary professionals should increase their use of healthy, whole and minimally processed foods, and partner with medical professionals to leverage their powerful influence to promote healthy, affordable, and delicious foods.

Chefs and cooking schools should explore opportunities to work with hospitals, health systems, and corporations that are building and refining teaching kitchens in order to train employees, patients, and community members (adults, kids, and families). Schools of public health, medicine, and allied health and policy should consider partnerships with foodservice companies and trained chefs. Ultimately, demonstration projects can lead to the establishment of research networks that assess the impact of these trends in medical-culinary educational alliances.



## SCORE: 2

Innovative programs are starting to link healthcare and healthy eating along with culinary education. But these connections are not yet widespread, and more education and demonstration projects are required.

## IN SUMMARY:

- In 1960, Americans spent 2.7 times as much on food as they did on healthcare. Today, Americans spend twice as much on healthcare as they do on food.
- The relationships between cooking, dietary choices, food purchasing patterns, and health outcomes are just beginning to be studied formally as alliances between health and culinary organizations begin to take shape.
- Although a range of promising programs have recently been teaching Americans cooking skills and providing assistance to purchase fresh fruits and vegetables, greater collaboration is still needed among the medical, public health, culinary, and sustainability communities.