



# Common Threads

COOKING FOR LIFE

Prepared for Champion Provider Fellowship - April 2023

**Community and Healthcare Partnership**

# Our Mission and Model

# Food As Medicine

**Our Vision:** Common Threads aspires to reach every community through **the power of cooking and food as medicine.**

**Our Mission:** Common Threads is a national nonprofit that supports food as medicine. **We inspire communities to embrace healthy cooking, healthy eating and the celebration of culture** by providing children, families and educators with hands-on cooking and nutrition education classes.

# Effective health promotion focuses on integrating approaches across multiple factors, not just an individual's behavior

## Individual

Attitudes  
Beliefs  
Knowledge  
Behavior

## Relationship

Friends  
Family  
Cultural context

## Community

Schools  
Healthcare  
Community Organizations  
Faith Based Organizations  
Businesses  
Community Institutions  
Government Agencies

## Societal

Federal, State, and Local Regulations  
Laws  
The Built Environment

- Common Threads' partner mix should reflect the diversity of community agencies that our participants interact with.
- Healthcare partnerships are growing, but currently underrepresented in our program partner mix

# Our Model: Provide direct service and training through school, community, and healthcare partnerships.

**Our Vision:** Common Threads aspires to reach every community through the power of cooking and food as medicine.



<p><b>Policy</b></p>	<p><b>Advocacy through coalitions, relationship building, and sign-ons:</b>          SNAP &amp; SNAP-Ed   Child Nutrition Reauthorization   Improved Nutrition Guidelines   Holistic School Wellness          Limit Unhealthy Food Marketing   Culinary Medicine in Medical Schools   Expansion of Medicaid and 1115 Waivers</p>		
<p><b>System</b></p>	<ul style="list-style-type: none"> <li>● Build capabilities to accept referrals from healthcare partners screening for food insecurity</li> <li>● Support school food efforts to source locally</li> <li>● Investing in locally sourced ingredients in classes</li> </ul>		
<p><b>Environment</b></p>	<ul style="list-style-type: none"> <li>● TEACH Portal (Educator Training)</li> <li>● On-Demand Programs</li> <li>● Participation on district coalitions</li> </ul>	<ul style="list-style-type: none"> <li>● TEACH Portal (Educator Training)</li> <li>● On-Demand Programs</li> <li>● Participation on community coalitions</li> </ul>	<ul style="list-style-type: none"> <li>● Evidence for culinary medicine in medical schools</li> <li>● Exposure to community in dietetic and MPH programs</li> </ul>
<p><b>Direct Service:</b></p>	<p><b>School-Based Programs</b></p> <p>In-School Small Bites</p> <p>Student &amp; Family Programs</p> <p>Teacher Training</p>	<p><b>Community Based Programs</b></p> <p>After-School and Summer Small Bites</p> <p>Student &amp; Family Cooking Classes</p> <p>Educator Training</p>	<p><b>Healthcare Programs</b></p> <p>Kitchen Clinic: Culinary Medicine for HS</p> <p>Provider Programs</p> <p>Patient Programs</p> <p>Dietetic and MPH Internships</p>

# Policy advocacy strategies is critical to ensuring affordable, nutritional options and programs for all communities.

- 1. SNAP & SNAP-Ed:** Advocate for Policies, Executive Actions, and Other Strategies that Enhance SNAP and SNAP-Ed.
- 2. Child Nutrition Reauthorization:** Advocate for Policies, Executive Actions, and Other Strategies that Strengthen Child Nutrition Programs, including those that strengthen the nutritional quality and availability (e.g. Free Lunch for All) of meals served through these programs.
- 3. Nutrition Guidelines:** Advocate for Policies, Executive Actions, and Other Strategies to improve upon the Dietary Guidelines for Americans.
- 4. Whole Child/SEL/School Health & Wellness:** Advocate for Policies, Executive Actions, and Other Strategies that Support School Services Focused on Health and Wellness, SEL, and the Development of the Whole Child.
- 5. Food Marketing:** Advocate for Policies, Executive Actions, and Other Strategies that Limit Marketing of Unhealthy Foods to Children.
- 6. Culinary Medicine in Medical Schools:** Advocate and contribute to the evidence base for including culinary medicine in medical school curriculum
- 7. Expansion of Medicaid and 1115 Waivers:** Advocate for expansion of Medicaid and Medicaid 1115 Waivers to include nutrition education alongside medically tailored and supportive meals

# Healthcare Partnerships

# Physicians and allied health professionals are the frontline for patients, yet there is a major knowledge gap around nutrition

- Only 29% of US medical schools offer the recommended 25 hours of nutrition education
- Over four years of medical school, the average number of hours devoted to nutrition is 19.6
- Just 14% of practicing physicians feel adequately trained in nutrition counseling
- A 2016 study found that medical/osteopathic school graduates entering pediatric training scored on average 52% on a basic nutrition test
- The American College of Physicians recognizes this gap and issued a recommendation that food and nutrition insecurity curricula should be incorporated into medical education.

# How did it start?

**Northwestern Medicine**  
Feinberg School of Medicine

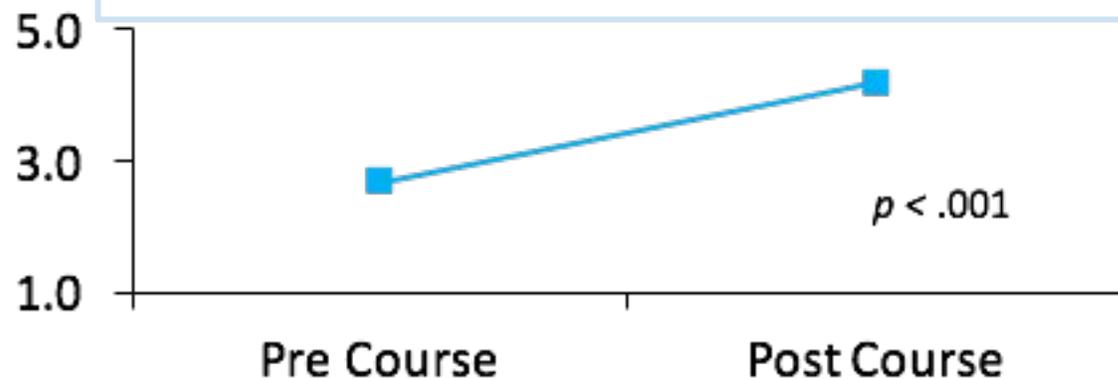


**Common Threads**  
COOKING FOR LIFE

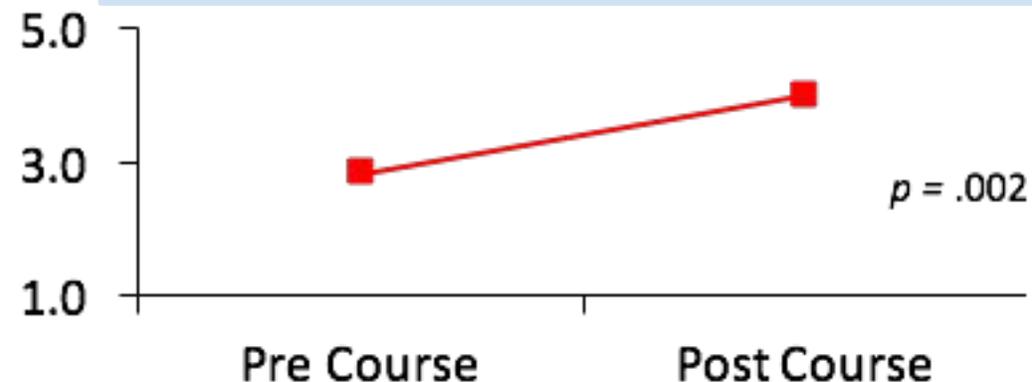


Full Length Video Available here (8 min):  
<https://takecare.org/inspiration/cookingforlife/>

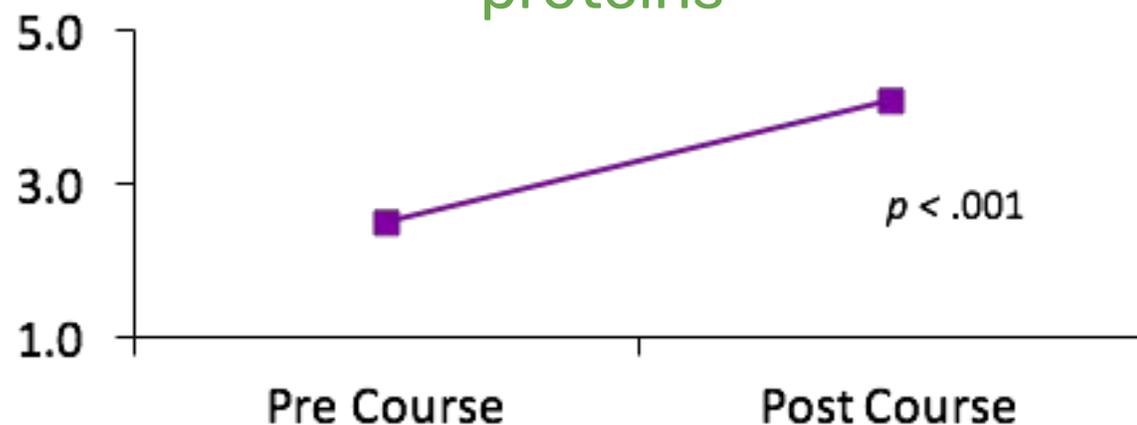
+Increased **Knowledge** about  
Plant-based diets (1-5)



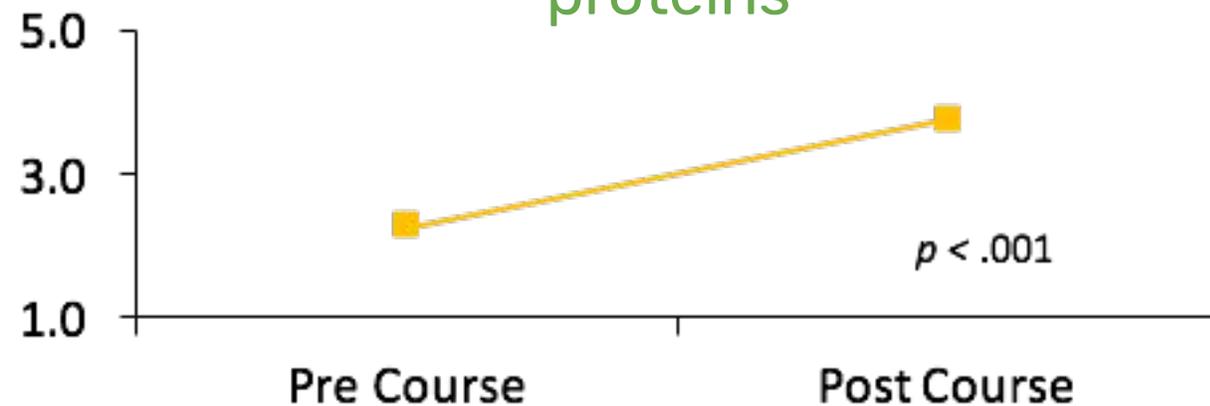
+Increased **Confidence** in ability  
to prepare Plant-based meals



+Increased **Knowledge** re:  
Substituting Animal with Plant-based  
proteins



+Increased **Confidence** in  
Substituting Animal with Plant-based  
proteins



Has this course helped you as a medical student and as a person? If so, how?

“Absolutely! There are a host of challenges that medical students face. Equipping myself with nutritional knowledge and kitchen skills will not only **enable me to connect with my patients** who struggle with these issues, but will also translate to me **incorporating this into my own life.**”

SCORE 6.33/7



Do you plan to incorporate the skills from class into your work with patients? If so, how?



- “ I will be much more confident in crafting individualized lifestyle changes ... Rather than simply giving a target benchmark to my patients, **I now feel confident explaining to them why the change we are incorporating matters.** ”
- “ I emerged from this class with a **mental toolkit for how I approach dietary strategies for various diseases** (e.g. HTN, HF, CAD, GI inflammatory disease, DM2) ”

SCORE 6.42/7

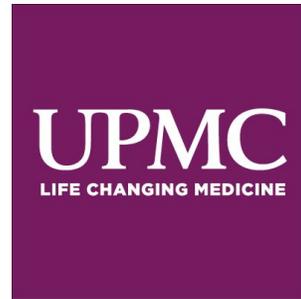
# Our Solution: Reaching communities through the power of food as medicine requires multi-level partnership with healthcare organizations.

**Our Goal:** Improve non-clinical patient care by raising the standard of care for patients, as it relates to diet and disease prevention and management through the support adoption of nutrition and culinary medicine in the medical education and patient experience.



<b>Policy</b>	Sign on to support the requirement of culinary medicine and nutrition to be taught in medical schools Sign on to expand coverage of medically supportive meals in 1115 Waivers and permanently in Medicaid		
<b>System</b>	Sign on to patients being screened for food insecurity Build capabilities to accept referrals from healthcare partners screening for food insecurity		
<b>Environment</b>	Train the Educator via CTE pathway	Pilot inclusion of food boxes (Veggie Rx) in patient programs	Acceptance of culinary medicine into medical schools and exposure to community in dietetic and MPH programs
Direct Service: <b>Culinary Medicine Programs</b>	<b>Kitchen Clinic - High School</b>	<b>Recipes for Health - Patient Facing</b>	<b>Provider Facing</b>
	10 Culinary Medicine Lessons with a Public Health Internship (co-leading Common Threads classes) <ul style="list-style-type: none"> <li>● Nutrition and chronic disease</li> <li>● Mental health</li> <li>● Healthcare Careers &amp; Internship</li> </ul>	Lessons specific to: <ul style="list-style-type: none"> <li>● Diabetes/Pre-Diabetes</li> <li>● Hypertension</li> <li>● Hyperlipidemia</li> <li>● Cardiovascular Health</li> <li>● Cancer Prevention</li> <li>● General nutrition (Small Bites in the clinic setting)</li> </ul>	<ul style="list-style-type: none"> <li>● Cooking Up Health             <ul style="list-style-type: none"> <li>○ Medical Student Elective</li> <li>○ Resident Didactic</li> <li>○ One-Off Demos</li> </ul> </li> <li>● Dietetic &amp; MPH Internships</li> </ul>

# Partner Snapshot



# Grab a seat at the table!

- Find out what is happening in your community ([Food Is Medicine Map](#) + others)
- Be Community Informed: Talk with community members to learn what they are interested in
- Check out Common Threads resources:
  - Free On-Demand Programs:  
<https://www.commonthreads.org/programs/ondemand/>
  - Online Training:  
<https://teach.commonthreads.org/>
- See you this summer at the mini-college!



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@CommonThreadsOrg



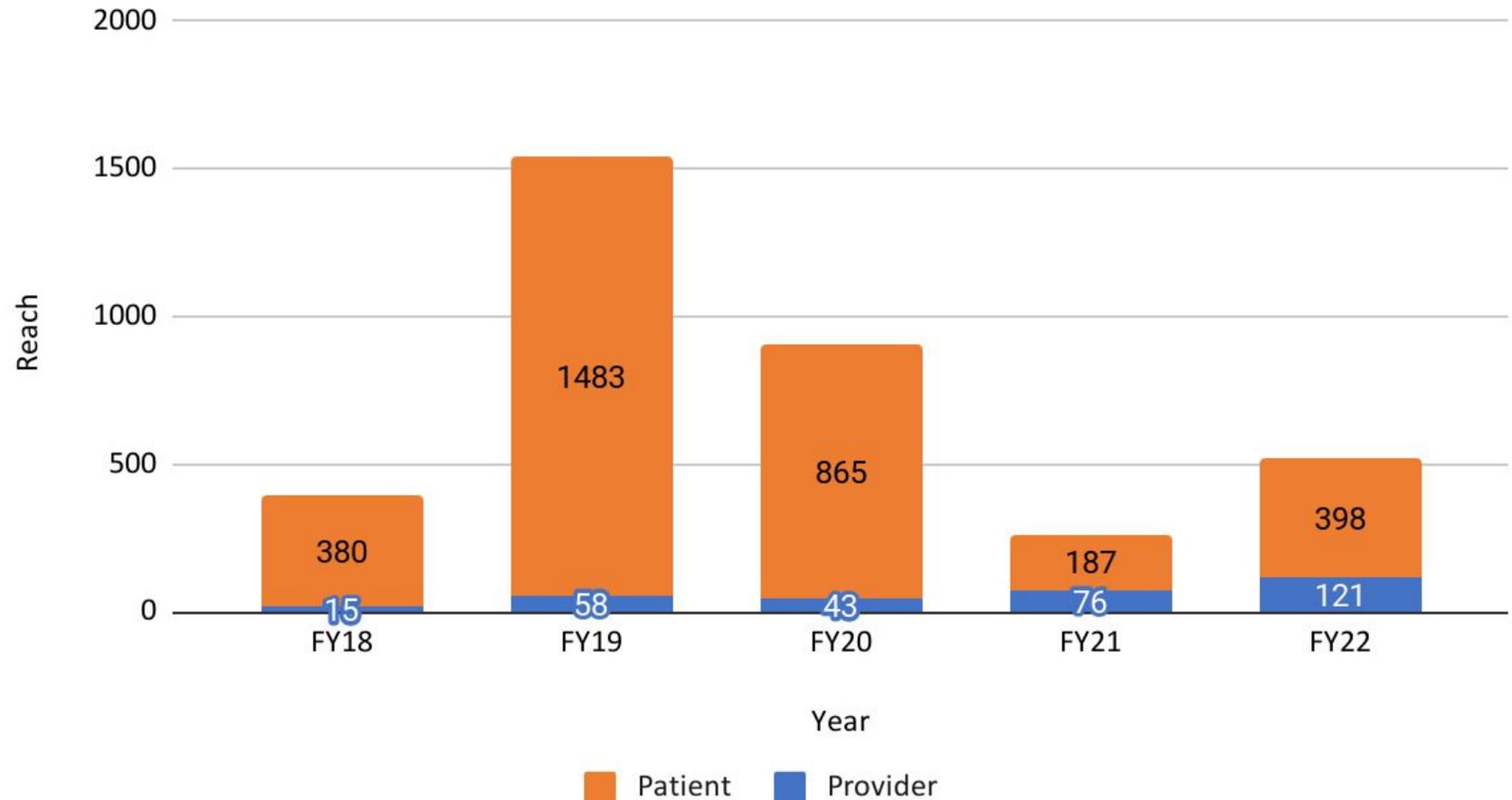
@CommonThreadsUS

# Appendix

# While provider programming is critical to broader PSE efforts, patient programming remains in higher demand

- Patient programming makes up the most reach
- Provider reach has grown steadily along with patient reach

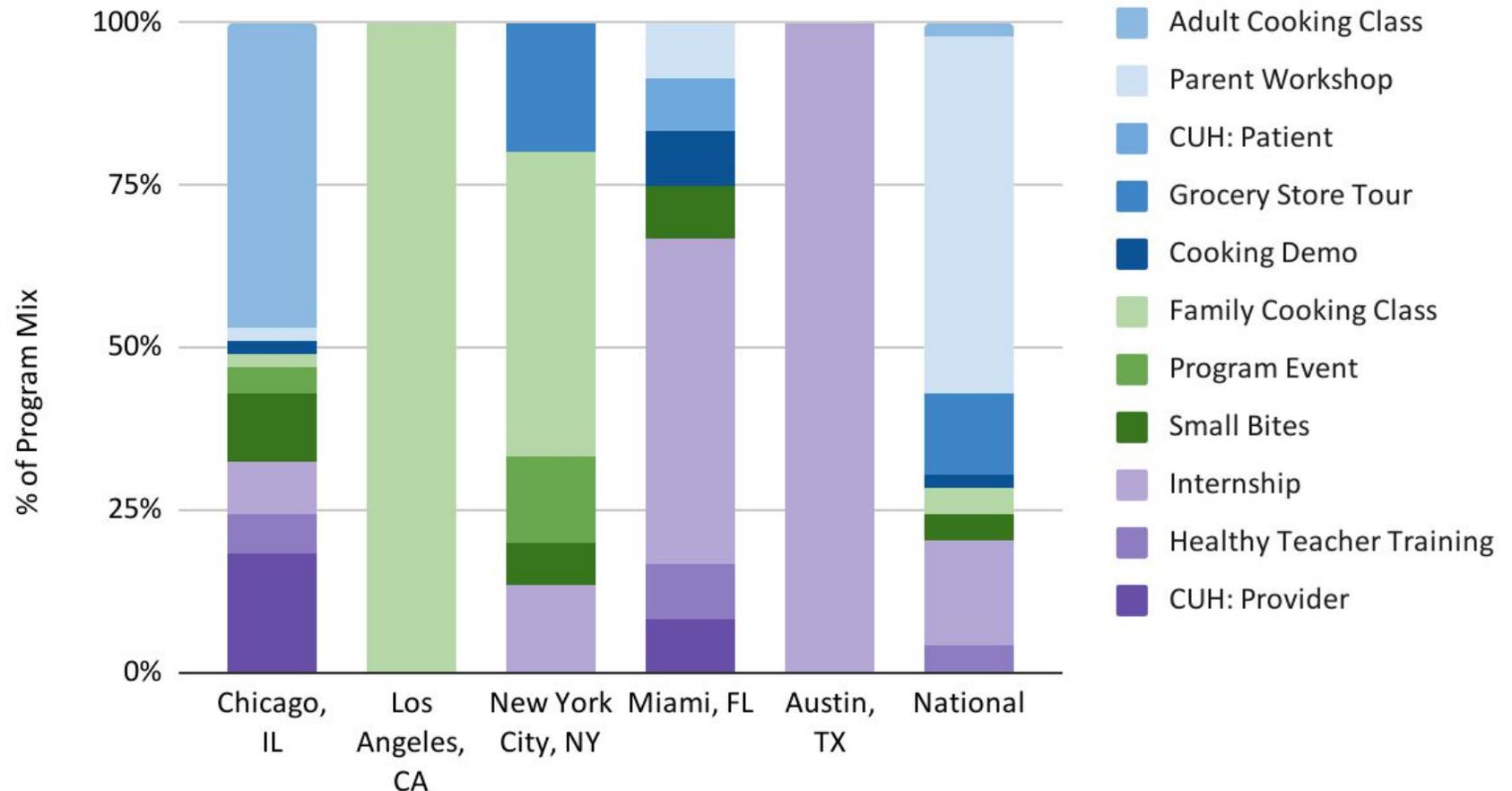
Healthcare Reach by Participant Type



# Cooking Demonstrations and Patient Workshops are the most popular programs with provider programming varying by market

- Dietetic internships make up most of the provider facing programming
- CUH for providers is only in Chicago and Miami (FY23 only)
- CUH for patients is only in Miami
- CUH for high schoolers is piloting in NY and LA (FY23)

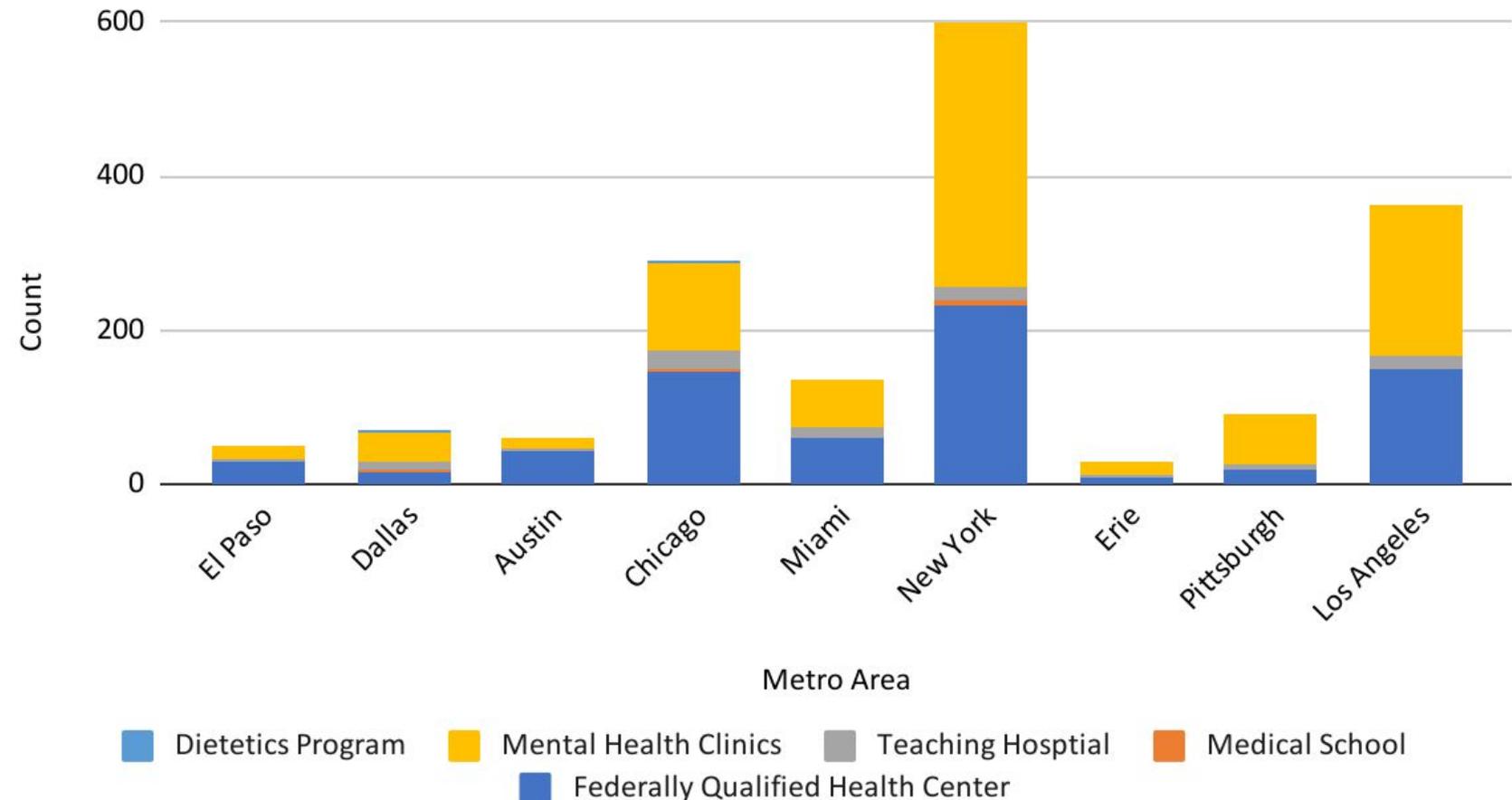
Healthcare Programs By Markets (all Programs, FY18-FY22)



# Larger markets are primed for programming, smaller markets should prioritize patient centered programs

- Erie does not have a medical school
- El Paso, Dallas, Austin, and Pittsburgh have only 1 medical school
- CT should explore partnership with mental health clinics and providers
- Most markets have either 1 or 0 dietetics programs

Total Addressable Market: Potential Healthcare Partners



# Realizing nutrition education in every classroom requires multi-level interventions

**Our Goal:** Improve student health and academic performance by inspiring classrooms to embrace healthy cooking, healthy eating and the celebration of culture through hands-on cooking and nutrition education training and classes.

District Led	<b>Policy</b>	<ul style="list-style-type: none"> <li>(Re)Establish policy on nutrition education requirements and support with funding</li> </ul>		
	<b>System</b>	<ul style="list-style-type: none"> <li>Link nutrition education to existing OFNS programs (e.g. NSLP, FFVP)</li> <li>Offer CEC for online training (not just in-person)</li> <li>Prioritization of Schools: Begin initial rollout with high priority schools, for example District 75 or Staten Island schools</li> <li>Leverage or creating capacity with existing Wellness Champions</li> </ul>		
	<b>Environment</b>	<ul style="list-style-type: none"> <li>Integrate Common Threads' Online Training into existing online Teacher Platform (e.g. internal PD tool, Clever, Google Classroom)</li> </ul>		
Common Threads Led	Direct Service: <b>Small Bites Nutrition Education (Tiered Approach)</b>	<b>On-Demand Small Bites</b>	<b>Teacher Led Small Bites With Online Training</b>	<b>Common Threads Chef-Led Small Bites</b>
		<ul style="list-style-type: none"> <li>Plug and play</li> <li>No classroom cooking</li> <li>Smartboard/projector required</li> <li>Limited accountability</li> </ul>	<ul style="list-style-type: none"> <li>Includes classroom cooking</li> <li>Generates environmental change</li> <li>Increased accountability</li> <li>Ensure it's fun for teachers</li> </ul>	<ul style="list-style-type: none"> <li>Expensive</li> <li>Limited scale</li> <li>High accountability</li> </ul>