"Eat to Treat": Olivia Thomas on Culinary Medicine, Food Justice & Self-Compassion in Nutrition Transcript

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Introduction to Nutrition and Culinary Medicine

The underlying theme of this conversation is being kind to yourself, that these are journeys you're all on. Building community is one way to find camaraderie and culinary medicine helps bring people together around food, but to be kind to yourself along that journey and wherever you are is where you're supposed to be and there's always room to keep growing and improving and us as health professionals are doing the same thing.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hello, everybody. Another episode of Double Down with Dr. D. I'm Dr.

D, triple board certified physician. And today, one of my favorite subjects, nutrition, food. Well, I'm very lucky. This special guest said yes to my episode on nutrition.

She actually is a professor for me. Absolutely. She taught me many things she didn't know, but she did it behind the scenes. Olivia Thomas. She is a registered dietitian, a licensed nutritionist, a pioneering nutrition, a co-founder of Boston Medical School, culinary medicine, such a thing.

It's a department like that that has a motto, eat to treat. and beyond many other hats that she puts on. She's awesome, super academic, super knowledgeable, super inspirational to me because I got to know her once I started this path of life as medicine and obesity medicine and I had to sit down for the boards and she was one of the teachers and instructors in the nutritional pillar who was teaching me the nuances and the details that it is behind nutrition and especially nutritional medicine.

So, Olivia teaches healthcare providers on the specifics of nutrition to treat a disease, to prevent a disease. Welcome, Olivia. Please introduce yourself to my audience.

Thank you so much for having me. It's so exciting to have this conversation. You did a wonderful job in my background. I'll just add, I'm the Director of Nutrition Innovation Implementation at Vosta Medical Center.

I oversee our teaching kitchen program and all food-based services across the health system. And then on the side, I do all sorts of different education for different healthcare providers.

So pop-up teaching kitchens and conference centers or going to a YMCA and teaching classes. I love all things nutrition and culinary medicine. And talk to us about now sports medicine, nutrition on the athletes, high performance athletes for the Olympians.

Yes. So I just started my PhD, which is something that I decided to do because I didn't know I could. I never thought of myself much as an academic school is always really challenging for me.

And then in my case, I started realizing I could do more than I thought I could. And so if anything, that PhD, it's more for myself and an investment in myself, which makes me proud and excited to keep learning.

But I'm specifically focusing on culinary nutrition with high performance athletes. And so I'm working with Australian Catholic Union and designing culinary nutrition interventions for Olympic level athletes.

This is so cool. This is like the future. I love it. I love it because this is how athletes are now becoming like super athletes through the simple pillars, right?

Nutrition plays a huge role. Sleeping medicine plays a huge role and they figured out that through the years and

when everything that kind of brings money like sports do, then there is some investment on it.

So let's start with the basics, Olivia, and explain to our audience what culinary medicine means, because it is a new term, really. It's not a department of medicine that has been on available for us, whatever.

So go ahead. Yeah. So I like to first start kind of understanding why it's valuable. And so I often ask people if they know how to ride a bicycle. And then I follow up asking how you learned to ride that bicycle.

Were you given a handout and you read it and okay, now you know how to ride a bike?

What Culinary Medicine Is and Why It Matters

Or did you get on the bike and practice and learn and continue doing it? And I think that's a good example of how a person learns true behaviors or things they can repeat continuously.

And so teaching nutrition through a pamphlet doesn't really make sense when we're talking about behavior change or adopted behaviors. But teaching people how to cook and eat and apply that nutrition science becomes a true intervention for behavior change.

And so culinary medicine is the idea of combining nutrition science and the culinary arts to educate people to apply nutrition science. And so the applied part could be with many different populations.

It could be for various health goals. It could be as part of a treatment or disease management. It could be preventative, but it's bringing to light real food as part of nutrition care to help prevent and manage chronic illness.

Fantastic. So this is when science really summarize what our nutrition is. And obviously with all the extra obstacles, right? One is education. Second, the day-to-day practicity of someone, culture.

right, which plays a very important role. And we're adding on now what kind of disease or metabolic dysfunction your body's on that require specific, either some restrictions or avoidance.

Let's not say the word restriction. I don't like that word. More like avoidance of certain things that might just worsen your baseline problem that we're trying to solve or at least not to make it worse.

So, this culinary medicine, I'm telling you, is becoming almost like a passion. I saw it the first time in Lifestyle Medicine Conference in Orlando, and I was able to sign up for that workshop, go to a culinary class with you and another two chefs, and we did an amazing competition.

They gave us a a patient, not a client, a patient. It's almost like being in medical school again and going through like oral exams. Give me a patient, has vital signs on it, has the diagnosis and say what, and he has all those obstacles too.

So I still remember, right, it was this single mother that works six days a week and he has this chronic disease. So the The obstacles are there too. Culinary medicine takes in account all the difficulties that it is to prep, for example, and to cook for others, for example.

And on that competition, they gave us specific ingredients. So that's important too. Where are you living right now? What access you have, right? And then go ahead and put together a nice recipe.

And we competed and then we did like a potluck. That is awesome. that never happened in any conference before. That to say that moving on, any other conferences in the future are always sold out that workshop with you guys.

It's super difficult to get in now. So it's awesome. I just have to say it gives a lot of joy to all the healthcare providers that we know how important nutrition is and that we accept that we know nothing about it.

and all these years in medical school and the basics, the basics on how to guide. Because one thing it is, yes, eat your vegetables and fruits, drink your water, see you next month.

Then sitting down and going step by step on what is it that you're doing, what is it that you don't know, and how can I help you to overcome those obstacles that you have.

Well, this is amazing. It's an opportunity for many providers as well to reach out to all the, and you're going to give us at the end some information on how to reach out to you because I want many of my colleagues and many of the other high healthcare providers who are taking care of patients to get all this information, be able to get there.

My next question to you, Olivia, is about Who exactly will be benefited from this culinary medicine? Because now we know that you teach those healthcare providers, but who is the people who will benefit from learning culinary medicine?

Yeah, great question. So I think it can be used in many different settings. And so the example I gave of behavior change is more specific to patient populations or community populations.

And it's teaching practical nutrition skills. And like you said, it's very person-centric. So the idea isn't that I teach you how I do it. What do you have in your kitchen?

And it brings kind of that personalized care component that often is missing in a lot of nutrition programming. But it's also used in medical schools and teaching healthcare professionals.

And I think it's useful in this population for a few reasons, like you stated. It teaches healthcare providers about nutrition, which is something that many practicing clinicians don't have.

And so just there, some basic nutrition knowledge is helpful to the care they can provide to their patients. Secondly, it's the applied learning and understanding on how hard something could be.

When you give a recommendation, you're putting a burden on someone. And so actually cooking and applying helps understand that, that they're in wait to a recommendation.

It's a lot of work. And so going through the process of cooking, applying, and tasting, I think it brings to light the human side that eat five vegetables a day or eat whole grains, what that really means and how hard that can be.

So there's a little bit more sympathy in the care provided. And then lastly, I think it helps encourage interprofessional teams. So the goals of a lot of those training is not to make every doctor a nutrition expert, which they could be, and that's great to see, but at the very least, maybe encouraging referrals to dietitians or nutritionists or people, life coaches or people who can help.

with the day-to-day changes.

Who Benefits from Culinary Medicine

And so again, not expecting every doctor to be a chef, but even at the end of the conference or end of a workshop, if a person is more inclined to refer to a dietician, to me, that's a complete success.

Yes, but you know what? I want to be a little revolutionary here. And I think every physician or health provider should know culinary medicine. I agree with you.

It can be different degrees. Like I am a physician and I know neurophysiology. Of course, a neurosurgeon requires way more knowledge than that, but I know the neurophysiology of my brain to practice.

We all should know culinary medicine. That's one thing that I think the medical schools should make obligatory. That it is very interesting to some of us because some of us, we love the kitchen.

Absolutely, I love the kitchen. Not all my colleagues love the kitchen, but they should know what to say and what kind of information they're passing out to their patients.

And start with yourself. If you dare to take care of someone else's health, first take care of your own health and then be daring to give recommendations.

So that I have to say, yes, everybody has to be in that. Yes, I love that. It's a baseline knowledge or my colleague Dr. Jacqueline Alvarez says there's like a do no harm level of knowledge required.

So people should know enough about nutrition and enough about foods so that they're making informed recommendations and caring for patients. But you're right, not everyone needs to be the expert.

So I agree. Yes. And the other person that I think it will benefit to, I was just thinking while you were talking, especially when you go to the community and because I work in a pediatric situation, it's you teach the parents and they will apply it on the kids and the kids will learn right from their table at home.

Definitely. And sometimes it's the opposite. Sometimes it's teaching the kid who then teaches the parent. I love when I see that where a kid will go home and say, like, I learned how to make this and teaches the family on how to do it.

Which makes sense, right? Because culinary medicine is almost like an art and the kids are so curious and their right brain is so alert. So they will be so happy.

They are always happy to be playing with dough and be playing too. Of course it's fun. They can be curious of trying, right? I know it's been the typical thing when we were kids and the mom is like, try, give it a try.

But if it's fun, if it's a game, if it's through their eyes, it's beautiful. You know, I saw once this one hour teaching on how to put together a breakfast that it was healthy but it looked pretty, right?

So you make the little face out of little ingredients that are healthy for the kids because it is an art. It's an art, involves curiosity and involves time, but it should because we should be putting time on the way how we nourish our body because we are what we eat.

And I used to tell that to the kids, you want to look like a hot dog or you want to look like an apple. I don't want to tell you what the answer. My next question to you, Olivia, is regarding a little bit more of your work at the Boston Medical.

I would love to know what is exactly your responsibilities, how Boston Medical approach these specific patients, do you get patients through referrals, how it works.

Yeah, so we, Boston Medical Center designed one of the first therapeutic food pantries at a hospital in the country in 2001. And so we built our food pantry and we realized that there was still more need.

And so in 2008, we built our teaching kitchen, which helped patients both use the food from pantry, but also apply nutrition science to real food and cooking.

And then in 2000, I think we built our first rooftop farm and then we just built our second last year where we grow food to use in the food pantry, in the teaching kitchen, and then in the cafeteria.

And we really serve really three groups of populations or three populations. The first is patients, so they're clinically integrated classes. Each class kind of operates differently.

Some of them are group nutrition classes, some of them are more support group style, others are shared medical appointments, facilitated with other healthcare professionals.

Then we have classes for community, which are often more just celebratory around food and they're less interventional and more celebration and enjoyment.

And then we have classes for staff, employees, and trainees. And that's what we call Eat to Treat. And then we invite all sorts of different professionals in the kitchen.

And there's competitions and trainings and continuing education and lots of different ways to engage with the material. Very nice. So everybody has access then?

Yeah. So it's built on philanthropy and it's free. It's free to use. And so some of the shared medical appointments we are billing, but many of the classes we're not necessarily billing and they're just free and open to anyone.

And then I imagine you guys get like full and packed and there is waiting list to join one of your classes. Wish. I think through graduate school, I worked as a spin instructor and everyone, you know, on Monday has a lot of good ideas for how to, you know, to commit to different health throughout the week, but by Thursday morning, not everyone shows up.

And so we see the same thing in the hospital and in our programs, lots of value, lots of interest, but sometimes there's no shows. And then I think people are just busy and tired and sometimes they just can't handle more and that's okay.

So oftentimes we don't have wait lists. But we think a class is successful if we have eight to ten people and different ways to engage with materials.

So in-person classes, online classes, and then lots of resources on our website. That's fantastic. And I know that you work very hard, too, for equality of food access, which is a problem that we have.

We might be in the United States. I mean, I was not born here, so I was born in a third world country where I saw what poverty is. But it is funny. I was born in Colombia, but Colombia is a very abundant country on food.

And I was listening to historians saying how we had no clue on how to do conserves. because we didn't need to. First, we didn't have the stations, so we didn't need to do something during wintertime.

And every time the sun comes up, things will just flourish there, and we always had access. So despite that, I always saw poverty simply because the income is low and low to zero.

Boston Medical Center Programs and Food Access

The amount of hunger exists, but it's a different type of hunger that you could see in countries like this one, which is the richest country in the world, but still there is hunger, there is malnourishment.

And it can be from education, but also from access to food and those, fill out the blank for me, the desserts, the food desserts. where there is not access to certain specific, especially vegetables and fruits that many programs are trying to expand towards.

Can you just elaborate a little bit about that? Yeah. So a major social determinant to health is access to both nutritious foods and nutritious foods you want to eat.

And you're right, there are deserts where that access isn't possible. And so people can't easily go to a grocery store and buy fresh produce or Going there takes a lot of time or they are on the bus and they can't have lots of bags and there's lots of things that could prevent.

So having dressing access by partnering with food pantries, food banks and lots of different food is medicine programs is one kind of initiative happening today to help address.

access issues. And a lot of my work and interest is in kind of economic mobility. So yes, getting people the right types of foods is one goal, but then where is that food being sourced from and who's benefiting?

And so making sure we're buying from local farmers to promote local economies, rather than outsourcing to large food stores. And part of that is the prevention of food insecurity.

So with more economic opportunities to work and get paid, the goal is over time, maybe communities will have more resources available to them to prevent food and security in the future.

And so to me, that's, I'm very passionate about that because it's not just addressing a problem, but it's trying to help prevent it from happening. And I think there's not a ton, like a lot of campaigns are not always looking at it through that lens.

And that's a lens that I'm learning more about and really supporting and hoping that other organizations kind of look through their sourcing as part of their food access initiatives.

And anything that it's about money will move things. If we can show them the connection between starting from the food access and to the right products, all the way to avoiding a chronic disease in the future, which will reflect in the health dollar, which is we're talking about billions and trillions and that's that preventive word.

It's so perfect business profitable. Yeah. But it is, it is difficult to convince it is, but once maybe, and I'm seeing a little bit of change. I'm a positive person and optimistic person and I'm seeing how certain actions and certain politics are getting involved and are kind of supporting the fact that we can start as simple as Let's teach them, like you were saying, right, in the bike.

And we don't need, again, the old expression, don't give me the fish, just teach me how to fish. And obviously you have to give me everything that it requires to go and fish.

If I'm in a food desert and I need at least something to access, So it's very interesting, it's a little bit sad because then we can go on and on on global warming and how the world now and more nature and all the earth and the soil is not as rich and our food is not as rich as it should be in 1940s.

I was in a panel, I saw a panel of Dr. Stocking and someone spoke about a peach in 1940 versus a peach that it grows today. little details like that, again, because I'm a positive person, I just try not to get stuck into those little details.

Instead, I'm grateful that I couldn't have access to many of the vegetables and fruits. That's the other thing that I want your opinion on because I have a lot of patients and they always say, oh, I only eat organic and I only eat this and I don't take this because it has plastic.

I understand they may be lucky that they will be able to approach those things, but at the end, what's your What's your take on that when it comes to specifics on how to pick your food?

Yeah, I mean, that's a really good question. And I do think it comes down to personal values and resources. So eating vegetables, no matter where you bought them from, organic or not organic, is helpful.

There's fiber and phytochemicals and nutrients for your body. And so you should never feel bad about eating an apple, no matter where it comes from. And then if you want to, choosing organic might be more helpful in avoiding anything added to your food.

And organic produce is often the ones where you can't peel it. So if you eat the skin, unlike spinach, you'd be… the leaf. Choosing things that you don't peel are often some of the better options to choose organic if you want to or can.

Another way of eating organic that could be a little cheaper is using more frozen foods. Frozen foods are just as

nutritious and sometimes can be more affordable than out of season produce.

And then as for like microplastics and all of those considerations, I think it's really understanding your values. And so, for example, I try to store things in glass containers.

It's just one way to avoid exposing my food to plastics, but to your point of being positive, You could really scare yourself if you fall too deep into a hole of all the foods you won't and won't eat.

And I think to remember our bodies are super resilient and we know how to process all sorts of different things and inputs. And so some contaminants in our food, our body likely knows what to do with it.

And so we need to trust our bodies that they're going to manage and keep us safe and maybe making choices when we can, if that's something we want to value in that.

kind of in our food purchasing and yeah. Yes, yes. No, I agree with you. It can be, you can go all the way to extreme. And yes, of course we know that it is not ideal, but at least we have to be grateful on what we can just approach and make the right decisions.

I love that you made a point about the frozen products because it is, it is true. It's an awesome alternative. It's a very good alternative. And I work with a nutritionist here and she also is a little bit.

resistant on anything that is canned, but at the end, it's an alternative as well. Everything that is canned, we can just see how much juice or salt are on in those cans.

And getting a no salt added option is a great choice with canned goods. And then a BPA free can, if you can. And then now there's even kind of canned foods and cartons.

So I use a tomato sauce or a crushed tomato that comes in these little cartons. And so again, using canned food isn't anything to be, you know, worrisome.

The most important thing you can do is feed your body. And so if that's what you have, that's great. But you could look into no salt added options, BPA free options, and then even cartons, like they have cartons of bean, the cartons of tomatoes, which just won't have as much exposure, but all of them are a spectrum.

And so wherever you fall is completely okay. Yes, and it solves the problem, which is the problem of time. So it makes it practical. Sometimes I don't have time.

I arrive home, I just grab a few things from the freezer, a few things from the can, put it together. It's an amazing veggie bowl, but it's not from scratch.

I didn't have time to soak my chickpeas overnight to be nice and tender. So it is important that everybody understands that feeding yourself healthy doesn't mean feeding yourself to the perfection of what we can afford today or the mother nature is producing today.

It's just how grateful we can be. Yeah. And I think then, um, talking to like experts such as yourself, even the experts use canned and frozen foods.

Organic, Frozen, and Canned Food Choices

Like it's, it's not, I'm a busy person and I'm not home a lot and it's just easier. And so even people who preach, you know, the good word of nutrition, I have canned foods in my home and we all have to make choices.

Like you said, that fit our lifestyle and it can change at different points of time. maybe moments I am home more and I want to prioritize more cooking because it's bringing me joy that's okay and right now in a life stage where I'm not home a lot and so I have to throw together things quickly and that just fits my lifestyle today and that's okay and

we don't need to be this or that we can be on these journeys that change other lives change and we can prioritize things and deprioritize things as we need to as long as we're committed.

for a lifetime to try to make the choices and try to keep learning and growing and improving ourselves. Exactly, exactly. And not self-guilt. There's a lot of guilt is the relationship with food, that emotional relationship, which I imagine as a culinary medicine expert, if there is a lot of therapy or no behavioral therapy, behavioral approach, that it has to be side to side.

I mean, all the pillars in lifestyle medicine requires that behavioral approach, which is super important. and that everybody understands that it's just the balance, there is no restriction, that things should be sustainable, even if you're going to a roller coaster.

And that's important because if you don't start from there, you're setting up yourself for failure. And in the future, it's okay. Oh my God, I've been traveling for three months and I haven't stopped eating out of restaurants.

Well, you are not at your home. Now you're home. Let's go and eat at home. So that's for sure. That's an important point. all the nutritional experts.

Talk to us a little bit about your work with sports medicine and all these athletes. Super interesting. That passion for everything that is sports and nutrition together, because it's a body that requires specific nutrients.

I guess this is where it comes from. I don't know anything about it. I have some ideas, but will you just enlighten us a little bit about that work? Yeah.

So I have to say, I just started my program and athletes are a new population for me. So I'm not a total expert. Maybe the next time we talk on your podcast, I'll have more kind of expert insights.

But as of now, I've been participating in a few different nutrition studies as a research assistant. So just kind of learning the methods around collecting nutrition data.

for athletes. And we know that nutrition is a key component to performance. So timing of meals, quality of food are all important on how well someone does in their specific sport.

And then really focusing on macro to help kind of support energy expenditure or muscle kind of regrowth. Most of my work is going to be within culinary nutrition, culinary medicine and athletes.

And it's, at least I always had the perception that high performing athletes were all rich because I grew up in the US and professional athletes often seem like celebrities.

But as I'm learning, just because you play a sport at the professional level doesn't mean you are a celebrity. a lot of Olympic athletes work normal jobs and have to maintain their sport and their job.

And there's a lot of rates of food insecurity, especially when you're stretched that thin, you have to work in a job that allows you to be flexible. So you often are getting paid less or working hourly.

And so not only do they need to support themselves through their training and their performance, but there's also just health and skills that they need to be able to survive this really kind of demanding lifestyle and then that lifestyle after sport.

So then you're done with your sport. What do you do? How do you stay healthful? And so that's actually a lot of the work I'm doing is around that skill building of nutrition education and accessibility.

Very interesting. Wow, it's true. What we assume and we don't know what every person is going through. That's impressive because obviously for us, when you hear the word, you're an Olympian, it's because you are unique.

You're actually unique out of the population, but you are unique and then you are not. You have a job and you have food insecurity and you need to be educated about your body and about the way how you eat.

So yes, thank you. We want to do another podcast about it. You're open for it. You put it in front of me, I'll take it. Now, Olivia, talk to us about all these workshops that you do for very prestigious institutions.

Olivia does workshops for Columbia University, Penn State, and the Obesity Medical Association, which I'm part of it because I'm now board certified and one of My certification is thanks to you, Olivia.

So, talk to us about all these workshops hands-on that you are always giving and educating. Yeah, my colleague and I, Cristina Battarocco, started leading pop-up culinary medicine workshops at conferences.

And we started doing it because we realized lecturing about culinary medicine was against, was antithetical to culinary medicine, which is hands-on learning.

So we're saying don't give people a pamphlet. We're saying teach, taste, try. And so it kind of seems silly to talk on a panel about experiential learning.

It seemed most appropriate. teach people by cooking. And so we started working with the Obesity Medicine Association doing large pop-up conference workshops for 150 to 200 health care providers.

And these are conference room settings where we bring in folding tables and induction burners and we transform a room into a kitchen. And those ones are really fun because it really speaks to the fact that a teaching kitchen can be anywhere.

You don't need to have a built-in kitchen. It can be something that, as long as there's food and you're addressing food safety, it's a teaching kitchen.

And then we've taken that and brought it to community kitchens, so faith-based organizations and YMCAs that have kitchens that we can borrow and teach classes there.

And then we've had classes like the one at ACLM where they have these really beautiful, gorgeous teaching kitchens.

Nutrition, Sports Performance, and Athletes

And so there's a spectrum of popping up folding table to really high-end fancy kitchens that we can like use lots of different equipments, but it's all culinary medicine, it's all useful, and it's all communicating nutrition science through food.

So if I'm a physician, what it takes for me to do the whole course in culinary medicine? How many years I need? Do I have to sit down for an exam? And what will be my certification like?

Yeah, so I don't have a certification. Grew up with a single parent and my mom worked and someone had to cook dinner and I learned how to cook for my family.

And then through my undergraduate degrees and through high school, I worked in kitchens as a line chef, a prep chef. I was a waitress. I worked in coffee shops.

And I learned because I had to. And so that's my training. I learned to cook because financially it became a means to an end. It was a job I could do and I never got trained in it.

And so I think to be a culinary medicine expert or facilitator, you need to know enough that you can safely cook a delicious meal and teach people how to do that.

And if you can do those, You can be in this field and you can participate. However, the certificates help. So not everyone's had that experience growing up in kitchens and cooking all the time.

And so there are multiple certificates. There's one, what is it called? The American College of Culinary Medicine, I think it's called. Yes, we make it once.

Yes. So they have a certificate program. There's a lot of small schools that do certificate programs. I think Johnson and Wales has a certificate program.

And so I recommend people to take those certificates if it's going to help build their confidence and maybe help not just how to cook, but how to teach cooking.

Because I think that's the skill. How do you teach cooking? I mean, you can't just be a good cook. You have to be able to teach that to other people. And so I recommend the certificate if that's going to help you do that.

But if you are someone that's a good instructor and you're confident in the kitchen and you can maintain good food safety, then I encourage you to just take it on and start going to webinars and networking and connecting because you can learn a lot from other people for free.

Of course, but there is a lot of points that they should be taught. One example was culture, we said. One example is the behavior and the relationship, the emotional relationship with food, that all these should be taught.

It's not only how much you And I know what to teach and I cook and I sometimes invent recipes that my friends are like, can you videotape yourself? And I videotape myself, pass it over to them.

But at that point, it's just like my recipes, you want to try it, try it on. Yes, I'm a physician, so I know, don't use too much salt. count every what kind of flowers is the one that I use the more whole grain better all these stories I know it but I'm I don't consider myself to the point that I can teach a person how an individual so I think I totally will require a certificate for that and I will it's in my bucket list it is I think in medicine and in healthcare, to keep things equitable when we can democratize opportunities, I like to do that.

And so saying that if you are confident in these things, You, as long as it's done in a safe way and that's safe physically and food safety, but also emotionally, so talking about cultural competence.

I mean, you need to be able to host conversations with people who eat differently and empower individuals that their eating patterns are still successful and good just because they don't look like your own.

But if you can do that, you know, I don't want ever to limit someone because they don't have the funds or resources to continue We get education on someone who didn't have the resources to just keep learning and learning and learning.

So I had to self teach, but I think you're right. I think there are these qualities of an instructor and a good teacher that are either ingrained or need to be taught.

And it is really making it person centered and being respectful and safe and how we talk about food, emotional food, cultural food. and food in general.

And so I agree, if that's not something a person is confident in, then seeking more training is important because it could be much more harmful than positive if you don't have those skills.

Teaching Culinary Medicine and Certification

Thank you. Thank you for that, Olivia. Yes. Let's talk about your book. Olivia wrote a book. So tell us, Olivia, what's the title of your book and what is it all about?

Yeah, so it's called Mix It Up, and there's one for general eating, and then there's one specifically for obesity medicine that we sell with OMA, the Obesity Medicine Association.

And the book is built on frameworks. So rather than teaching a recipe, you're teaching a cooking technique that allows an individual to use the foods that they like or have available.

And so rather than saying this is a, I don't know, like a spicy broccoli chicken stir fry, It just says it's a stir fry and here are the components. You need a vegetable, you need a protein, you need a hot cooking oil, you need some seasoning, and then these are the methods to do so.

But then you get to pick your own ingredients. And the reason for that is good cooks know how to do that. I think that's the quality that makes it repeatable.

People who cook a lot can be adaptable and can change their ingredients often with what they have available with a craving. And so the book is teaching that skill and that adaptability.

That's genius. I love it. It's like a coloring book because you pick your own colors. It doesn't come with the colors on it. I'll show you where to color, but you pick your colors.

Exactly. I love it. Looking forward. It's in the public. It's available online yet. We've been selling it as part of our workshops and it should be on Amazon.

That's great because that gives a lot of like an agency to the person, right? Because it is very important to respect that. That's very important of what ingredients you like and how can you do with those ingredients.

Yes, absolutely. Well, Olivia, this has been a delight to have you here. We're about to be over with our conversation, but it's not going to be the last time.

I would like you to tell our audience one take home message that you think it is important for them to have before we wrap up. The underlying theme of this conversation is being kind to yourself, that these are journeys you're all on.

Building community is one way to find camaraderie and culinary medicine helps bring people together around food, but to be kind to yourself along that journey and wherever you are is where you're supposed to be and there's always room to keep growing and improving and us as health professionals are doing the same thing.

Beautiful, beautiful message. So I hope everybody took that message, digested that message, absorbed that message, because it is very nutritious. Quick questions for you.

Best snack between meetings? Ooh, good question. I like vegetables and dip.

Mix It Up Book and Final Takeaways

I always have hummus and carrots, and then I really like popcorn. French fries are probably my favorite food. Awesome. Awesome. The vegetable that you love the most is the one that it offers the most nutrition to you.

I think leafy greens and I like them oftentimes blended or cooked in soup and you can just wash them and throw them in. So sometimes I don't even have to chop them.

Fantastic. Last one and this one is tricky because I know I'm surprising you with these questions. 0.8 grams of protein per kilo or 1.2 grams per kilo of protein or it doesn't matter?

I think it's personalized and individual. I think some bodies may need more protein than others and the amount that feels right and good to you is probably the amount you should have.

But I think speaking generally, we overthink protein. It comes in lots of different sources and we probably don't need as much as we think we do. Thank you, Olivia, because it has been a lot of talking about protein, right?

Well, this is it for us. Thank you again to my audience. Thank you for listening. I'm telling you, I'm bringing you a lot of content, no bias and science-based.

One more episode for Double Down with Dr. D, and I'll see you next. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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