

[Nutrients Special Issue](#) Manuscripts could focus on, but not be limited to, the following concepts:

- 1) Provide a **systematic review of controlled studies assessing the impact** of hands-on culinary instruction and participant cooking as a component of an educational intervention intended to enhance behavioural and health outcomes.
- 2) **Describe and define teaching kitchen/culinary medicine programs (and curricula)** designed to positively impact behaviours, clinical outcomes, relevant biomarkers, and health care costs of selected populations.
- 3) Highlight models that enhance standard care with teaching kitchen/culinary medicine/food as medicine adjuncts. Importantly, such manuscripts should **address ways in which multiple providers, disciplines, and teams responsible for aspects of nutrition care/intervention can work more effectively in a coordinated (interprofessional) fashion** to deliver optimized patient care.
- 4) Describe **teaching kitchen/culinary medicine programs designed to explicitly address the needs of vulnerable populations**, including individuals and families facing nutrition insecurity and historically marginalized populations.
- 5) Describe **teaching kitchen/culinary medicine programs designed to explicitly address the needs of populations with specific disease states**, e.g., nutrition support for patients with obesity, diabetes, pre-diabetes, enhanced cardiovascular risk, cancer diagnoses, etc. and include information about optimal timeframes (aka “dosing”) of such interventions.
- 6) Propose **validated outcomes tracking tools to assess changes in diet, exercise, mindfulness, quality of life, anthropometrics, relevant biomarkers, and other relevant outcomes measures** whereby future studies aimed at enhancing health behaviours and clinical outcomes can be more uniformly assessed across studies and populations.
- 7) **Offer a range of business cases and reimbursement strategies** in support of teaching kitchens and/or culinary medicine/Food as Medicine programs. Ideally, these will include (a) the potential for Teaching Kitchen/Culinary Medicine/Food as Medicine programs to demonstrate a return on investment (ROI) to the private sector, including third party payers (and, especially self-insured corporations); (b) Teaching Kitchen/Culinary Medicine/Food as Medicine/Whole Person Health programs adapted for Shared Medical Appointment settings; (c) trans-professional referrals to Teaching Kitchen/Culinary Medicine professionals in circumstances where these can be successfully billed for using existing reimbursement guidelines.
- 8) Describe the potential role of **Teaching Kitchens/Culinary Medicine/Whole Person Health programs in the context of Precision Nutrition research**, especially considering (a) the NIH’s Strategic Plan for Nutrition Research 2020-2030; (b) the recent (2022) White House Conference on Food and Hunger; and (c) value-based health care. Importantly, such manuscripts should address ways in which multiple federal agencies responsible for both food and healthcare delivery can work more effectively in a coordinated fashion.

Deadline for manuscript submissions to *Nutrients* Special Issue: **25 August 2023**.

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- 9) Describe the value of having **Teaching Kitchens operated in collaboration or partnership with local agriculture**, including farmers, those responsible for school and community gardens, those developing urban gardens and urban agriculture (aka vertical farm) projects, etc.
- 10) Explore the **relevance of Teaching Kitchens and Culinary Medicine to (a) conventional medicine**, including the training of various future health professionals; **(b) lifestyle medicine**; **(c) integrative medicine**; **(d) health coaches**; **(e) proponents of “Whole Person Health”**; and **(f) other professional stakeholder groups TBD**.
- 11) Include studies demonstrating the **impact of Teaching Kitchens/Culinary Medicine on the training of future health professionals**.
- 12) Suggest ways in which **teaching kitchens can be used to promote interprofessional training**.
- 13) Specifically explore the **relevance of Teaching Kitchens/Culinary Medicine in the context of the recently passed House of Representatives Resolution (HR 1118)** which calls for enhanced nutrition education (and the demonstration of competencies regarding advice about nutrition and food choices) on the part of medical trainees and practicing physicians.
- 14) **The roles of the Chef, RD, MD, Health Coach, Mindfulness instructor, exercise trainer, and other practitioners in Teaching Kitchen/Culinary Medicine/Lifestyle Medicine/Whole Person Health wellness teams of the future.**
- 15) Summarize/present **behaviour change theories and strategies to be applied to teaching kitchens, culinary medicine, Food as Medicine and Whole Person Health programs** in order to optimize behaviour change in an effort to improve health outcomes.
- 16) Summarize **best practices relating to Teaching Kitchen/Culinary Medicine instruction, including approaches used “in-person” as compared with approaches used “virtually” (e.g., online, interactive video-conferencing methods)** and the intervention durations thought to be optimal.
- 17) Suggest **core competencies and credentialing criteria** to be applied to teaching kitchen instructors, teaching kitchen educational ensembles (of instructors), as well as Teaching Kitchen (physical) facilities, as these competencies and certification criteria will likely be of interest to third party payers as research in this area expands.
- 18) Suggest ways in which **(a) mindfulness training; (b) movement and exercise instruction; (c) education about sleep and rest; (d) strategies to optimize successful behaviour change, e.g., motivational interviewing and health coaching; and (e) strategies to educate trainees about the relationships between food choices and environmental sustainability and planetary health can be summarized into educational modules and successfully incorporated into Teaching Kitchen/Culinary Medicine related curricula.**

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