

FOOD INSECURITY SCREENING:

A Toolkit for Care Providers

Toolkit created by the School of Nutrition at Ryerson University



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INTRODUCTION

Purpose of this Toolkit

Healthy eating is vital to the prevention and management of diabetes in both adult and pediatric populations. However, food insecurity undermines the ability of a patient to follow recommendations for diabetes self-management.⁶ As diabetes care providers, the purpose of this toolkit is to provide you with a standardized, respectful method of screening for food insecurity. Furthermore, this toolkit will help direct you to appropriate intervention methods to tailor diabetes care to food-insecure patients and families.

Development of this Toolkit

This toolkit was developed by a consortium of experts in the field of diabetes and nutrition from Ryerson University. The acceptability and usability of the toolkit's contents were evaluated by care providers and patients within settings for diabetes care located in Toronto, Canada. This evaluation research was part of a food insecurity screening initiative, where feedback from patients and care providers was used to revise the contents of this toolkit. Funding for this project was provided by the Lawson Foundation and the Ryerson University Health Fund.

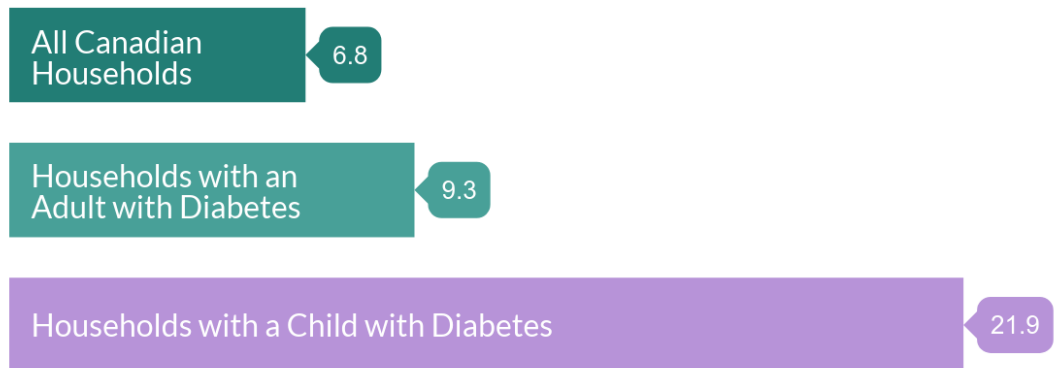
If you have any feedback regarding this toolkit, please send your ideas or questions to us at egucciar@ryerson.ca.

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WHY ADDRESS FOOD INSECURITY IN PATIENTS WITH DIABETES?

1 Food insecurity is consistently more prevalent in households of people living with diabetes



2 Food insecurity undermines an individual's ability to consume the healthy foods that are recommended for diabetes management. Financial strain often forces them to balance competing needs including: diabetes medication & supplies, housing costs, and healthy foods

3 Food insecurity can potentially compromise diabetes management:



Poorer overall diet quality



Higher levels of emotional distress related to diabetes



Higher rates of hospitalization related to hypoglycemia



Increased likelihood of poor glycemic control with poor adherence to glycemic monitoring and oral hypoglycemic agents

Who is at risk? Food insecurity does not affect all Canadians equally.



Low-income households¹



Lone parent households¹



Aboriginal Canadians¹



Households with children²



Households reliant on social assistance¹



Households with an individual with a chronic disease²

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ADDRESSING FOOD INSECURITY IN A SENSITIVE MANNER

Food insecurity can be a sensitive topic for some individuals to discuss with their care providers, as there is often a feeling of stigma or shame attached to it.



Parents, in particular, may worry about the threat of having their children removed if they disclose that they struggle to provide enough food for their family. Care providers must be non-judgmental about how individuals prioritize³ their spending and sensitivity must be shown when screening for food insecurity.

- Incorporate routine screening for all patients
- Adapt processes that work best for your practice. Screening questions can be administered verbally or in writing, and can be self-administered or incorporated into care provider assessments.
- If food insecurity screening is conducted verbally, be respectful of a patient's or family's privacy by asking questions in a confidential area, particularly if children are present.
- Use posters to raise awareness of food insecurity, to reduce stigmatization related to food insecurity, and to encourage clients to disclose food insecurity to their care providers.



To improve quality of life among food-insecure individuals and families with diabetes, advocate for policy changes that target the underlying cause of food insecurity, **poverty**.

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ADDRESSING FOOD INSECURITY IN PATIENTS WITH DIABETES

1 Screen

Preface questions with:

"I ask all of my patients about accessing food. I want to make sure that you know the community resources that are available to you. Many of these resources are free of charge."

Questions should be asked to patients on an annual basis, or more frequently at the discretion of the care provider



Did you ever worry whether your food would run out before you got money to buy more in the last 12 months?

Response: Often true, sometimes true or never true ^{4,5}



Was there ever a time when the food you bought just didn't last and you didn't have money to get more in the last 12 months?

Response: Often true, sometimes true or never true ^{4,5}



Did you or others in your household cut the size of your meals or skip meals because there wasn't enough money for food in the last 12 months?

Response: Yes or no ⁴

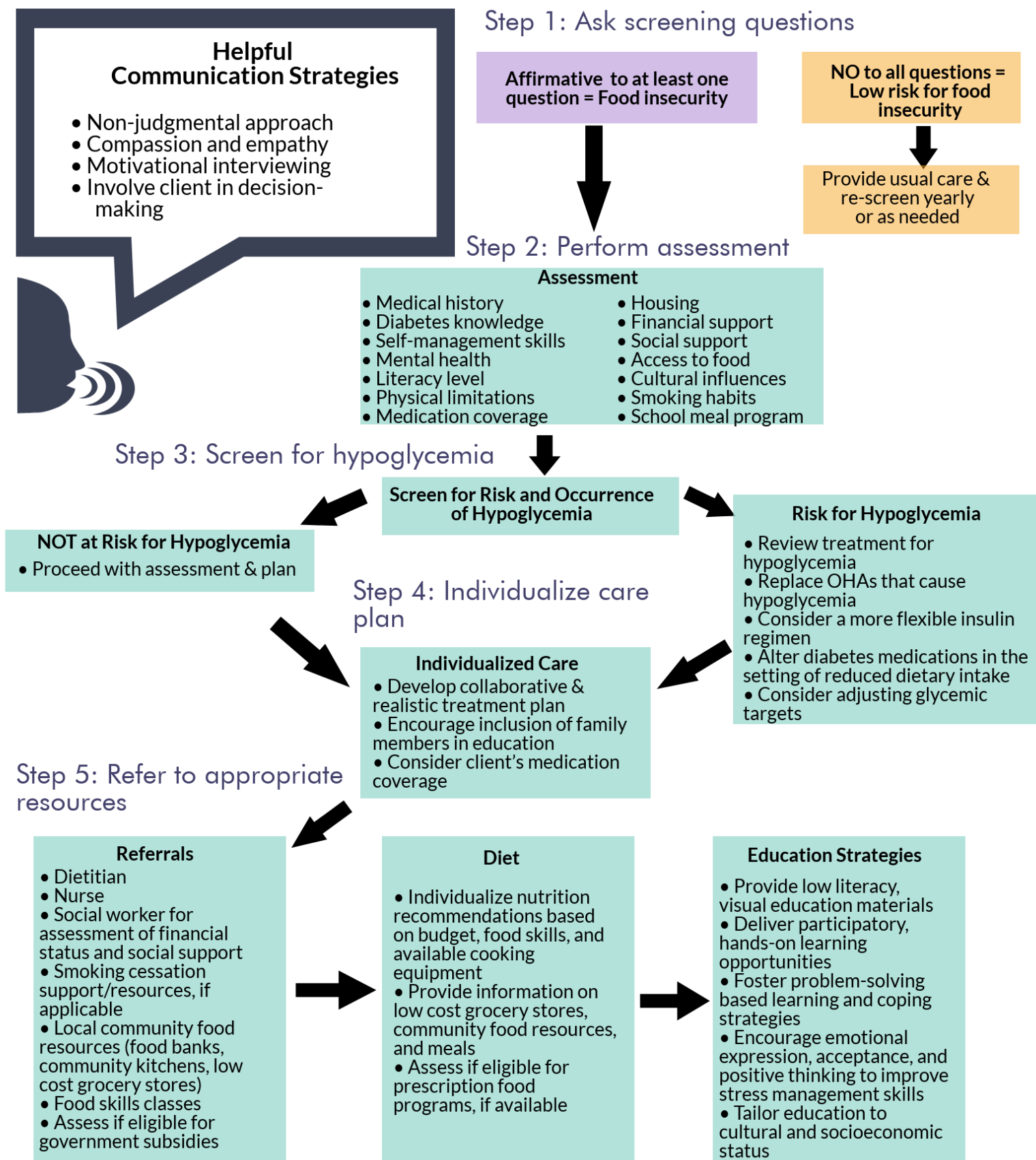
An affirmative response to any of the above questions indicates food insecurity.

2 Intervene

The care algorithm on the following page is designed to serve as a decision aide and provides consideration for diabetes self-management in food insecure adults and children with diabetes. ^{6,7}

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ADDRESSING FOOD INSECURITY IN PATIENTS WITH DIABETES



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RECOMMENDATIONS FOR DIABETES MANAGEMENT FOR PATIENTS EXPERIENCING FOOD INSECURITY ⁶


Screen for Food Insecurity



- Screening is recommended as part of routine care
- Food security status should be assessed in an ongoing manner to provide the most up-to-date information

Nutrition Counseling



- Refer patients to a registered dietitian to provide dietary recommendations that are economically feasible
-  Cost-saving tips: encourage patients to purchase frozen fruits and vegetables, and try less costly sources of protein, such as legumes, eggs and tofu
- Support patients and families to improve their food skills with local resources, such as community kitchens and affordable grocery stores

Improving Glycemic Control and Access to Medications



- Screen food insecure patients for hypoglycemia at every visit
- Choose anti-hyperglycemic agents that are less likely to cause hypoglycemia
- Recommend scheduling medications with meals, rather than by time of day
- Explore the possibility of diabetes medication and supplies coverage through compassionate or assistance programs

Improving Care Provider-Patient Communication and Relationships



- Explain laboratory and exam results clearly and without judgement
- Involve patients in the decision-making process
- Build rapport with patients by demonstrating compassion and empathy

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RECOMMENDATIONS FOR DIABETES MANAGEMENT FOR PATIENTS EXPERIENCING FOOD INSECURITY CONT'D ⁶

Coping Strategies



- Assess patient's coping strategies and address symptoms of diabetes distress, poor stress management and poor coping
- Refer patients to counseling services, if appropriate

Referral to Community Resources



- Support patient access to local resources related to food, income and housing
- Inform patients about health care self-management support services, such as nutrition and health education and prescription food programs, if available
- Assist patients in applying for government assistance programs

Health Literacy



- Consider health literacy levels and provide appropriate nutrition education materials using visuals and plain language

Smoking Cessation



- Provide smoking cessation support, as this can free up more money for food, as applicable

FOOD RESOURCE REFERRALS

2-1-1	2-1-1 is an online and telephone service providing information about community resources and services. It is free, can assist in 170 languages, and is available 24/7 in every community in Toronto and Durham, Peel, and York regions.
Food Banks	Programs that give out free groceries or vouchers to individuals and families with low income. Usually open one or two days a week.
Free/Low-cost Meals	Community programs generally open to all, but focused on individuals who are homeless or with low income. Families can enjoy a nutritious meal for free or at a very low cost.
Community Garden	Community gardens are selected plots of land where people grow food together and create a vibrant community space.
Home Delivered Meals	Programs, such as Meals on Wheels, allow for prepared meals to be delivered to the homes of people with disabilities, older adults, and those with limited mobility.
Meals for Seniors/ People with Disabilities	Special dining for older adults and people with disabilities to enjoy nutritious food, with opportunity to socialize. Transportation may be accommodated.

Other Food Resources

Food by Ward http://tfpc.to/food-by-ward	Food by Ward gives people information about food resources and activities by ward. It helps Toronto residents find their closest food bank, community gardens, farmers markets, community food kitchens, and student nutrition programs in the neighbourhood.
FoodShare Call 514-363-6441 ext.275 or go to http://foodshare.net	<p>Good Food Boxes are packed with fresh, high-quality vegetables and fruits and are an affordable way to eat good healthy food.</p> <p>Good Food Box choices include, but are not limited to:</p> <ul style="list-style-type: none"> • Small Good Food Box - \$16-\$28 • Large Good Food Box - \$22-\$38

SOURCES

1. Social determinants of food insecurity – PROOF. (2017). Retrieved June 21, 2017, from <http://proof.utoronto.ca/resources/research-publications/social-determinants-of-food-insecurity/>
2. Olabiyi, O. M. (2014). Determinants of Food Insecurity in Higher-Income Households in Canada, 9(4), 433–448.
3. O’Keefe, L. (2017). Experts advise sensitive approaches to food screening. AAP News. Retrieved from <http://www.aappublications.org/news/2016/02/11/FoodInsecurity021116>
4. Gundersen C, Engelhard EE, Crumbaugh AS, Seligman HK. Brief assessment of food insecurity accurately identifies high-risk US adults. Public Health Nutr. 2017 Feb 20:1-5. PubMed PMID:28215190
5. Hager E, Quigg A, Black M, Coleman S, Heeren T, Rose-Jabo. Development and validity of a 2-item screen to identify families at risk for food insecurity. Pediatrics 2010;126(1):e26-e32.
6. Cohen-Olivenstein, K., Thomas, B., Wegener, J., Pais, V., Gucciardi, E. (2018). Diabetes Self-Management Strategies for Children and Adults Challenged by Food Insecurity: A Systematic Review. Manuscript to be submitted to PLOS ONE.
7. Thomas B, Fitzpatrick S, Sidani S, Gucciardi E. Developing and implementing a food insecurity screening initiative for adult patients living with type 2 diabetes. Can J Diabetes. 2018; 43(3):257-262.



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