FOOD INSECURITY SCREENING: A Toolkit for Care Providers

3 REASONS TO ADDRESS FOOD INSECURITY IN PATIENTS WITH DIABETES

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

   - All Canadian Households: 6.8%
   - Households with an Adult with Diabetes: 9.3%
   - Households with a Child with Diabetes: 21.9%

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 with lower fruit & vegetable consumption, higher intake of energy dense, high salt foods, more frequent meal skipping
   - Increased likelihood of poor glycemic control with poor adherence to glycemic monitoring and oral hypoglycemic agents
   - Higher levels of emotional distress related to diabetes
   - Higher rates of hospitalization related to hypoglycemia

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

- Low-income households
- Aboriginal Canadians
- Households reliant on social assistance
- Lone parent households
- Households with children
- Households with an individual with a chronic disease

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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 prioritize their spending and sensitivity must be shown when screening for food insecurity.³

- 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.
- 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.

ADDRESSING FOOD INSECURITY IN PATIENTS WITH DIABETES

1. Screen
Preface questions with: "Given that food is central to diabetes management, I ask all of my patients about access to food. I also want to make sure you are aware of community resources that are available to you."

Did you ever worry whether your food would run out before you got money to buy more in the last 12 months?
  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?
  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?
  Yes or no? ⁴

An affirmative response to any of the above questions indicated food insecurity.
2. Intervene

The care algorithm 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

Helpful Communication Strategies
- Non-judgmental approach
- Compassion and empathy
- Motivational interviewing
- Involve client in decision-making

YES to at least one question = Food Insecurity

- Medical history
- Diabetes knowledge
- Self-management skills
- Mental health
- Literacy level
- Physical limitations
- Medication coverage

Assessment
- Housing
- Financial support
- Social support
- Access to food
- Cultural influences
- Smoking habits
- School meal program

NO to all questions = Low risk for food Insecurity

Provide usual care & re-screen yearly or as needed

Screen for Risk and Occurrence of Hypoglycemia

NOT at Risk for Hypoglycemia
- Proceed with assessment & plan

Individualized Care
- Develop collaborative & realistic treatment plan
- Encourage inclusion of family members in education
- Consider client’s medication coverage

Referrals
- Dietitian
- Nurse
- Social worker for assessment of financial status and social support
- Smoking cessation support/resources, if applicable
- Local community food resources (food banks, community kitchens, low cost grocery stores)
- Food skills classes
- Assess if eligible for government subsidies

Diet
- Individualize nutrition recommendations based on budget, food skills, and available cooking equipment
- Provide information on low cost grocery stores, community food resources, and meals
- Assess if eligible for prescription food programs, if available

Risk for Hypoglycemia
- Review treatment for hypoglycemia
- Replace OHAs that cause hypoglycemia
- Consider a more flexible insulin regimen
- Alter diabetes medications in the setting of reduced dietary intake
- Consider adjusting glycemic targets

Education Strategies
- Provide low literacy, visual education materials
- Deliver participatory, hands-on learning opportunities
- Foster problem-solving based learning and coping strategies
- Encourage emotional expression, acceptance, and positive thinking to improve stress management skills
- Tailor education to cultural and socioeconomic status
Screen for Food Insecurity

→ Screening patients and families for food insecurity is recommended as part of routine care.
→ Knowledge of food insecurity enables clinicians to provide more realistic dietary recommendations.
→ More comprehensive assessments can help care providers better understand a patient’s psycho-social situation. These elements should be re-assessed in an ongoing manner as elements may be more applicable/important at different times.

Nutrition Counseling

→ Refer food-insecure patients to a registered dietitian to provide dietary recommendations that are economically feasible. Dietary counseling should be expanded to include financial as well as nutritional guidance, such as tips on stretching budgets, planning healthy low-cost meals, and nearby locations to purchase quality food at lower prices.
→ Focus on reducing portion sizes of available foods (if appropriate) if a patient is unable to make substitutions for healthier alternatives (this may not be appropriate for children).
→ Provide cost-saving tips to patients:
  • Encourage patients to eat out less, buy frozen fruits and vegetables when they are not in season, or canned fruits and vegetables with no added salt or sugar.
  • Support patients to incorporate more alternative protein sources into their diet, such as lentils, eggs and tofu.
→ Post resources/posters that acknowledge the challenges of healthy eating for patients with diabetes who are food insecure to help reduce the stigma and open conversations with with clinicians.
→ Support patients and their families to improve their food skills by providing them with a list of local resources (affordable grocery stores, markets, meal delivery services, and organizations that provide free or low-cost meals), informing them about local community kitchens, education- and skill-building programs that help people use food resources more effectively, and facilitate access to those resources by providing patients with contact information.

Improving Glycemic Control and Access to Medications

→ Screen food insecure patients for occurrence and risk of hypoglycemia at every visit.
→ Choose oral anti-hyperglycemic medications that are less likely to cause hypoglycemia, such as metformin, GLP-1s, DPP-4s, SGLT-2s, as applicable. Consider increasing glycemic targets in adults and patient-specific glycemic targets in children.
→ Loosen restriction on medical management to prevent hypoglycemia in the absence of food:
  • Prescribe longer acting insulin anologs or insulin degludec to prevent hypoglycemia when food supply is unpredictable, if feasible and affordable.
  • Prescribe more flexible insulin regimens such as multiple daily injections of basal and bolus insulin, to make it easier for patients to omit doses in the absence of food.
  • Recommend scheduling medications with meals, rather than by time of day.
  • Teach patients to alter diabetes medication to match dietary intake.
→ Explore the possibility of diabetes medication and supplies coverage through compassionate or assistance programs.
Improving Care Provider-Patient Communication and Relationships

→ Elicit patient concerns, explain laboratory results and exam findings, involve the patient in decision making, spend adequate time with the patient.
→ Demonstrate compassion and concern.
→ Empathetic and individualized care supports diabetes self-management.
→ Regular contact with healthcare professionals (i.e. visiting with educators frequently over 6-month period), as children and adults may experience challenges that require problem solving from healthcare professionals.

Coping Strategies

→ Assess patient and/or family coping skills and support primary coping strategies (problem solving, emotional expression), secondary control strategies (acceptance), and stress management skills.
→ Consult with psycho-social team member at hospital or in the community in response to avoidance and/or disengagement.

Health Literacy

→ Consider literacy levels and provide appropriate nutrition education materials using visuals and plain language.

Referral to Community Resources

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

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://ftpc.to/food-by-ward](http://ftpc.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](http://foodshare.net)

Good Food Boxes are packed with fresh, high-quality vegetables and fruits and are an affordable way to eat good healthy food.

Good Food Box choices include, but are not limited to:
- Small Good Food Box - $13
- Large Good Food Box - $18

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**SOURCES**


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