Developing and Implementing a Food Insecurity Screening Initiative for Clients Living with Diabetes

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Agenda

Background
Development
Implementation
Results
Implications for Practice
Next Steps
Lessons Learned
Intersection of Food Insecurity and Diabetes

Prevalence of household food insecurity:

• Higher among those with diabetes than those without diabetes (9.3% vs 6.8%) in Canada
• 4% increased risk each year earlier diagnosed
• Household with a child with diabetes (21.9%), an adult with diabetes (14.6%) in Nova Scotia.

(Gucciardi et al., 2009; OSNPPH, 2015)
Food Insecurity Compromises Diabetes Self-Management

- Poor quality diet
- Poor adherence to oral medications
- Poor glycemic control (higher A1C)
- More emergency room visit for hypoglycemia

Bawadi et al., 2012; Berkowitz et al., 2014; Gucciardi et al., 2014; Sattler, Lee, & Bhargava, 2014; Seligman, Davis, Schillinger, & Wolf, 2010; Seligman et al., 2010)
Screening for food insecurity is being recommended in routine diabetes care.

This can lead to a more realistic & tailored diabetes management care plan to best support clients.

(Gucciardi et al., 2014)
Research Objectives

- Identify screening questions used in clinical setting
- Identify evidenced-based recommendations for diabetes management for those experiencing food insecurity
- Pilot a food insecurity screening initiative with the Diabetes Education Community Network of East Toronto (DECNET) at the South Riverdale CHC
- Assess the feasibility and acceptability of implementing the screening initiative
Screening Initiatives Components

- Food Insecurity Screening Questions
- Practice care Algorithm
- Community Resource Package
- Posters to Reduce Client Stigmatization
Methods

- Selected 3 validated screening questions (US Department of Agriculture Economic Household Food Security Survey Module)
- Consulted with care providers at SRCHC regarding the questions & care algorithm we developed
- Consulted with clients about acceptability & comprehension of the screening questions & helpfulness of recommendations in algorithm
- Finalize all screening components based on client & provider feedback
- 5 providers from the DECNET team implemented screening initiative over 2 week period
- 33 clients screened during pilot, 39% screened positive for food insecurity
Screening Questions
Screening Questions

1. Within the past 3 months, did you ever worry whether your food would run out before you got money to buy more?

2. Within the past 3 months, was there ever a time when the food you bought just didn’t last and you didn’t have money to get more?

3. Within the past 3 months, did you or others in your household cut the size of your meals or skip meals because there wasn’t enough money for food?
Practice Care Algorithm
Community Resources Package
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<th>Telephone/Email</th>
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<td>Email: lbaker2@</td>
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<td><a href="http://www.foodshare.net">www.foodshare.net</a></td>
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<td>6</td>
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Posters
What will be on your dinner plate tonight?

More than 4 million Canadians struggle to afford food.

Do you struggle?
Let your care provider know at your next visit, so they can better support you.
Results
Acceptability

- Screening questions were clear & easy to understand
- Most participants (71%) reported feeling “comfortable” or “somewhat comfortable” answering the screening questions
- 29% of participants reported feeling “somewhat uncomfortable” answering the screening questions
- Familiarity & relationship with care providers helped to increase comfort in answering screening questions about this sensitive topic
- Screening can strengthen rapport
- Clients perceived screening as relevant in the context of an RD visit
- Felt that strategies/recommendations were helpful
Feasibility

Facilitators:
- Adding the screening questions to the EMR increased uptake
- Screening for food insecurity fits into the context of a nutrition assessment
- Prior or assumed knowledge that a client is not food insecure

Barriers:
Logistical challenges: Extra time needed; using an interpreter; forgetting to screen, no EMR access
Discussion

- Screening is feasible and acceptable
- Intended to give care providers a standardized and respectful method of assessing food insecurity
- Facilitates discussion about food access and reveals rich information to better assist care provider with management plans
- Fits naturally into a nutrition assessment
- Food insecure clients are very resourceful and care providers can learn from them
- Does not address root cause of food insecurity
Implementation

• Any provider using the EMR can access screening question template (use currently optional)

• Created a consistent place in the EMR to indicate food security status

• Ensuring “pull-able” data sources to highlight how we are addressing food insecurity

• Displayed posters around the centre (staff have asked for copies in their offices)

• Presented study results at an all staff meeting at SRCHC and at the regional network meeting for diabetes educators (CDENT)

• Disseminated the care algorithm to all clinical team members at SRCHC (physicians, NPs, RNs)

• RDs on the DECNET team have been asked to screen for FI during all initial nutrition assessments
Next Steps

- Plan to meet with other teams at SRCHC to discuss implementation of F1 screening in other groups & points of contact (eg. outreach)

- Compilation and dissemination of community resources to staff at SRCHC and the community

- Implementation of the screening initiative in other healthcare settings


Questions