Expanding Diabetes Prevention and Management Through Health Center Outreach

Session 3: What Community Health Care Workers Need to Know About Addressing Diabetes & Food Insecurity: Resources for Communities in Need

April 5, 2021

Housekeeping Items

- All participants muted upon entry
- Cameras on (if possible)
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email within a week after session
- **Post – evaluation survey:** link provided through chat

Access to Moodle

- Materials related to LC will be available through this platform
- Visit Moodle.nchph.org select “Expanding Diabetes Prevention and Management Through Health Center Outreach Learning Collaborative”
- Create account
- Detailed instructions on how to access materials included in our “Welcome Packet”

ABOUT US

National Center for Health in Public Housing

Training and Technical Assistance

Research and Evaluation

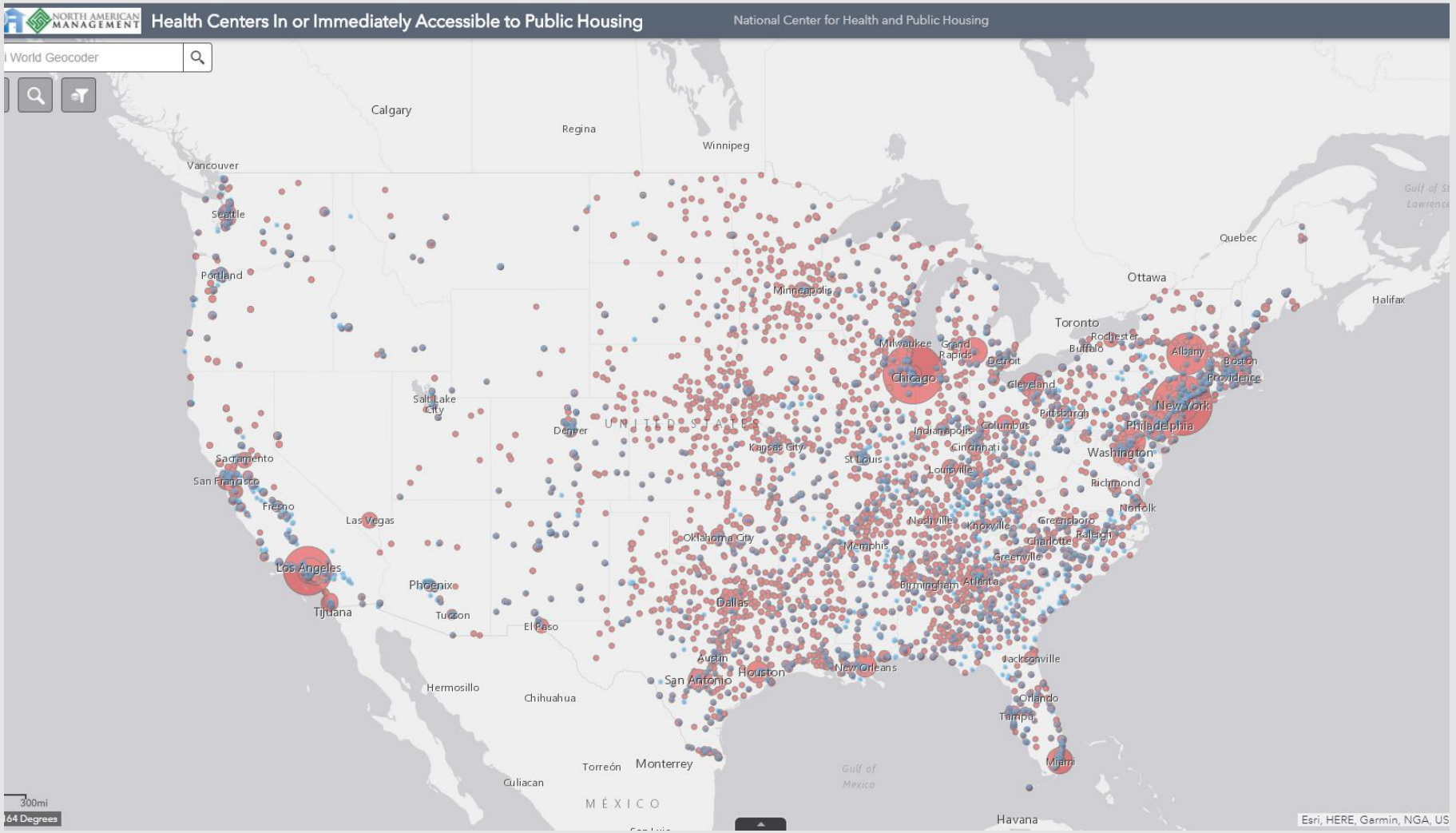
Outreach and Collaboration

Increase access, quality of health care, improve health outcomes, and improve health equity for public housing residents

This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $2,004,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Chat Icebreaker:

- Name and role
- Health center name
- Health center location and number of sites

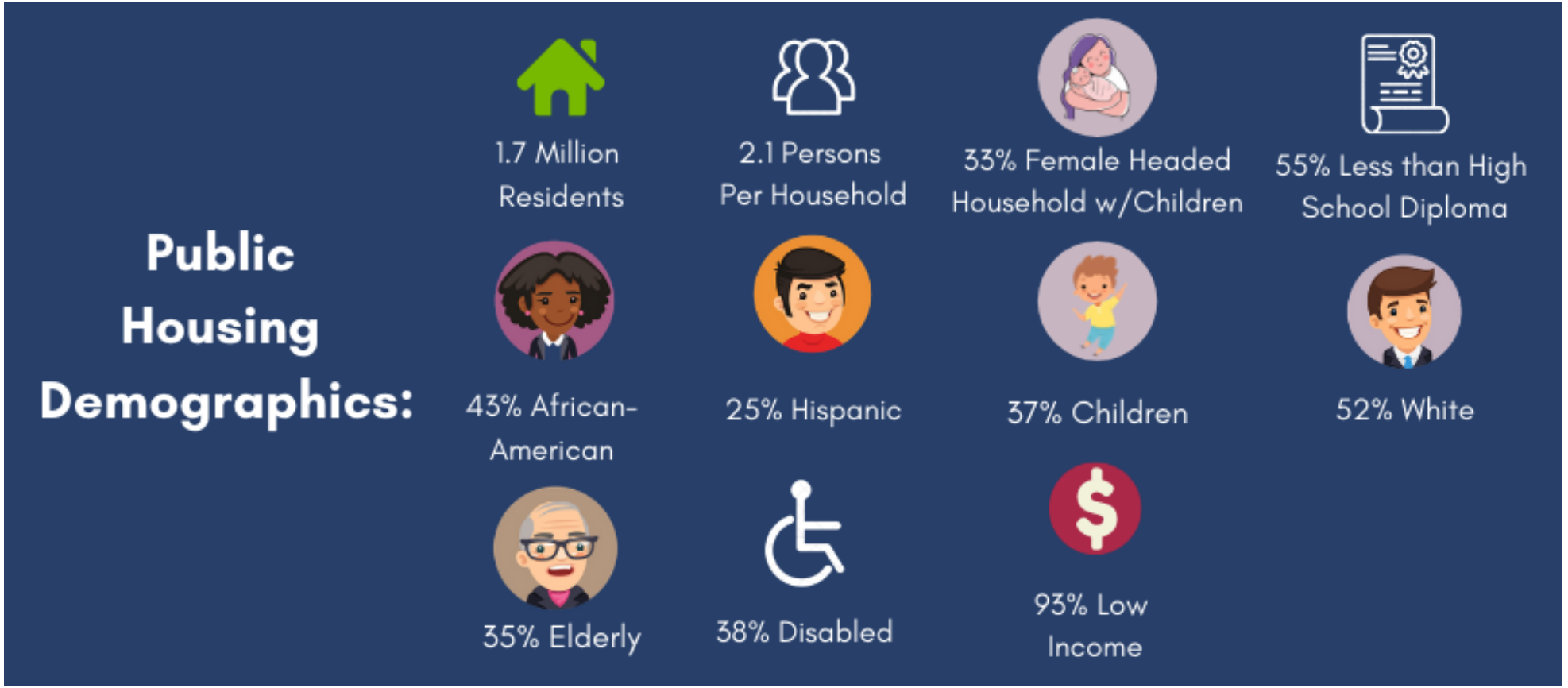


1,400 Federally Qualified Health Centers (FQHC)=30 million

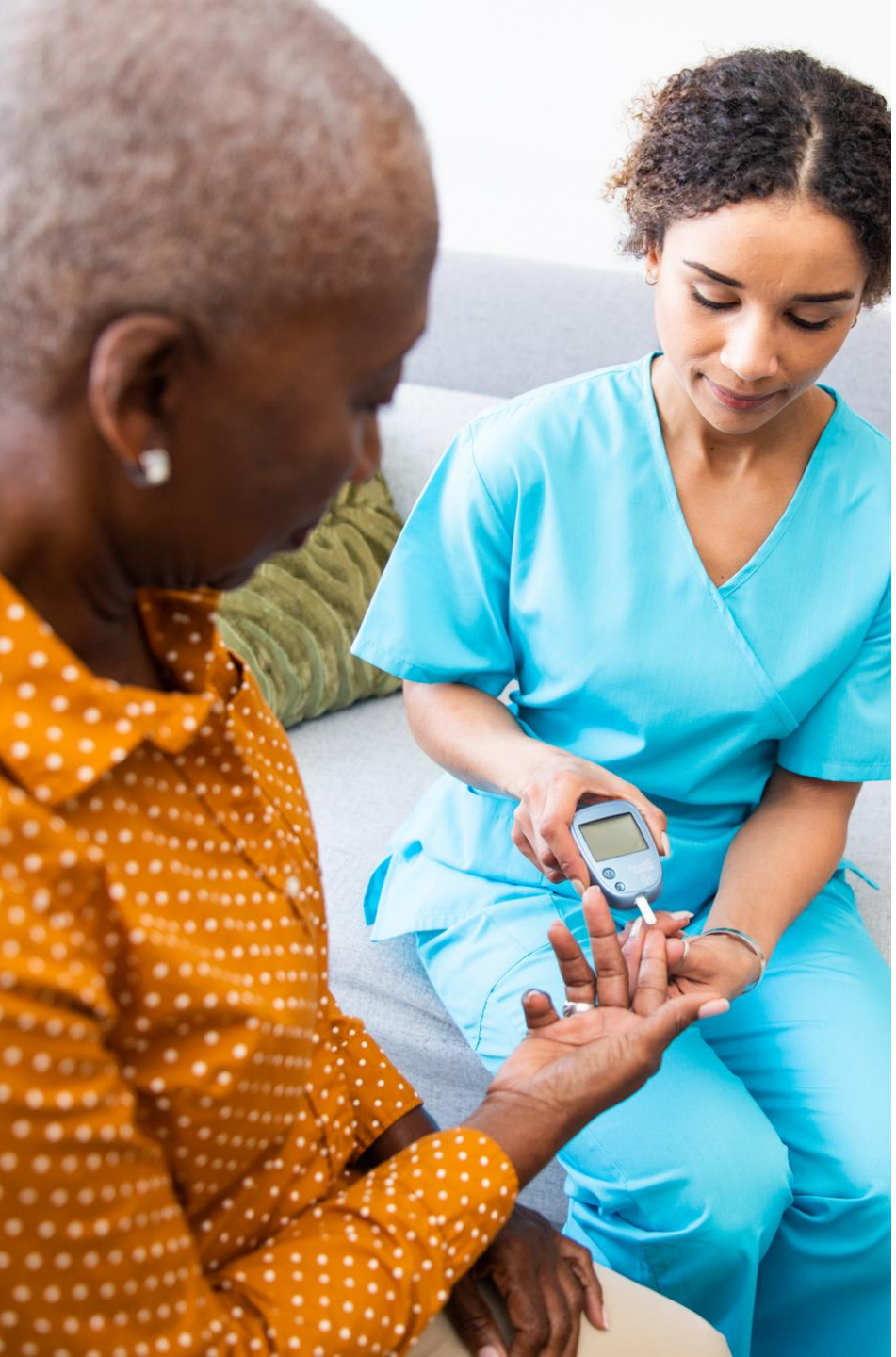
433 FQHCs near Public Housing= 5.2 million patients

108 Public Housing Primary Care (PHPC) = 856,191 patients

In 2020, there were roughly 1.7 million residents of public housing. Approximately 93% were living below poverty, 33% were headed by a single female, 37% of the households had children, and 38% had a member that was disabled. (Source: HUD)



Source: HUD Resident Characteristics 2020



Diabetes in Health Centers

- 2,709,755 (9.08 %) Health Center (HC) patients with diabetes
- 82,351 (9.6%) of Public Housing Grantee patients with diabetes

Source: 2019 National Health Center Data

NCHPH Diabetes Learning Collaborative – session 3

What Community Health Care Workers Need to Know About Addressing Diabetes & Food Insecurity: Resources for Communities in Need

AGENDA

- Food Insecurity Definition
- Impact of Food Insecurity on Diabetes Prevention
- Role of CHWs Addressing Food Insecurity
- Food Insecurity Screening Tools

Learning Objectives:

- Define Food Insecurity and Describe Those Who Are Most Affected
- Describe How Diabetes and Food Insecurity Impact Diabetes Related Health Outcomes
- Describe the Role that CHWs Play in Addressing Food Insecurity
- Identify Screening Tools and Resources within Your Community

Case Study

Patient M Y is an African American woman, 62 years of age, who was diagnosed with type 2 diabetes 16 years ago. Her history includes hypertension, which is currently well controlled on medication, body weight 30 lbs above ideal, clinical signs of early renal failure, cardiovascular disease, and early-stage retinopathy. She reports that, "My blood sugar never has been too good, and I don't think it ever will be. Lately it's gotten worse." In your assessment, you note that Patient M Y's blood glucose has ranged from 43–383 mg/dL over the previous few months.

Food Insecurity

Food insecurity is defined as the disruption of food intake or eating patterns because of lack of money and other resources.

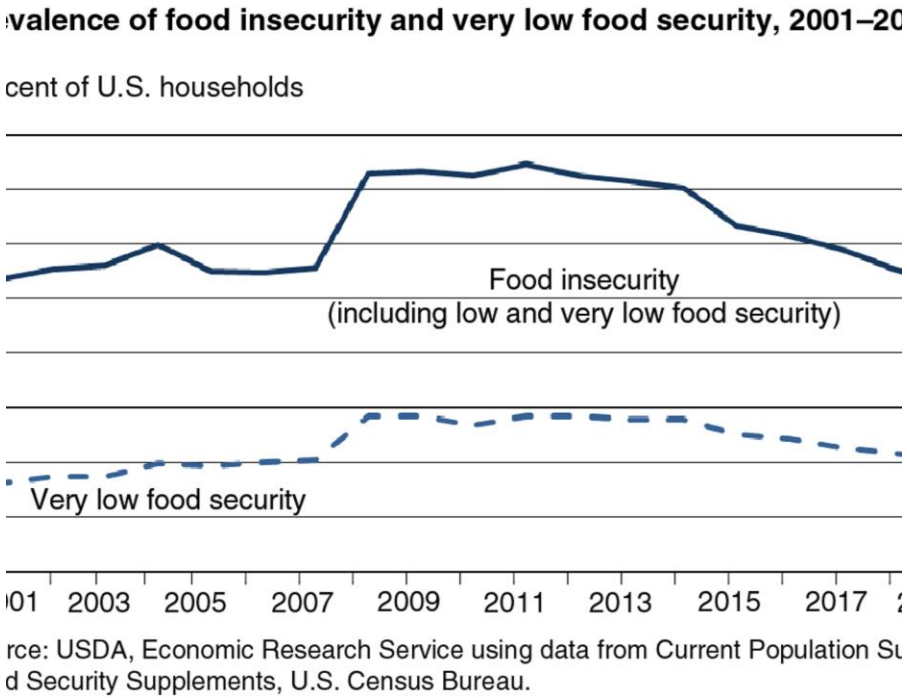
The United States Department of Agriculture (USDA) divides food insecurity into the following 2 categories:

- **Low food security**: “Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.”
- **Very low food security**: “Reports of multiple indications of disrupted eating patterns and reduced food intake.”

Food Insecurity

Food insecurity does not necessarily cause hunger, but hunger is a possible outcome of food insecurity

Prevalence of Food Insecurity, 2001-2019

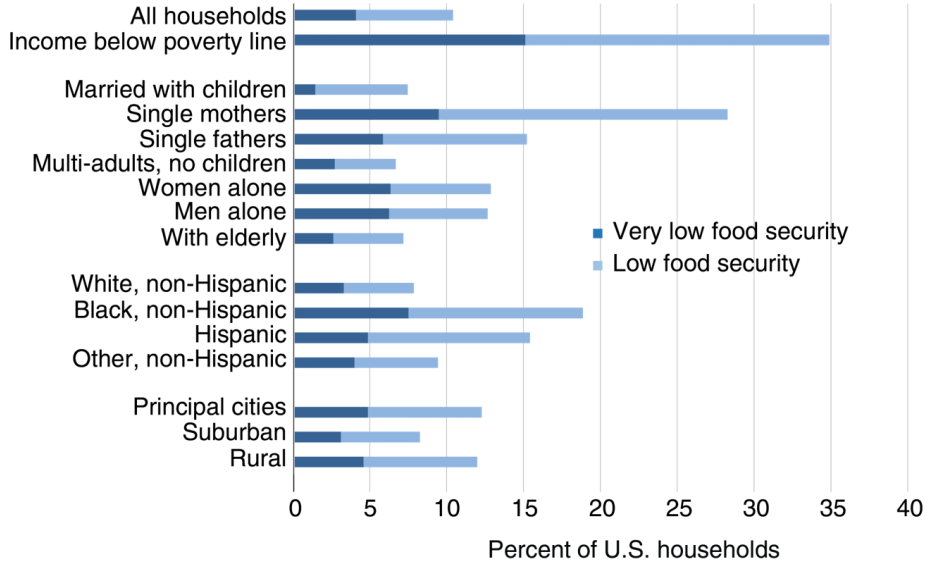


In 2019, 89.5 percent of U.S. households were food secure throughout the year. The remaining 10.5 percent of households were food insecure at least some time during the year, including 4.1 percent (5.3 million households) that had very low food security. Food insecurity was lower in 2019 than 2018 (11.1 percent). Food insecurity increased from 10.5 percent in 2000 to nearly 12 percent in 2004, declined to 11 percent in 2005-07, then increased to 14.6 in 2008. Food insecurity peaked at 14.9 percent in 2011 and has declined since.

Food Insecurity – Post COVID Era

While it is too soon to assess the full impact of the lockdowns and other containment measures, a WHO report estimates that at a minimum, another 83 million people, and possibly as many as 132 million, may go hungry in **2020** as a result of the economic recession triggered by COVID-19.

Food insecurity rates are highest for single mother households and households with incomes below poverty line

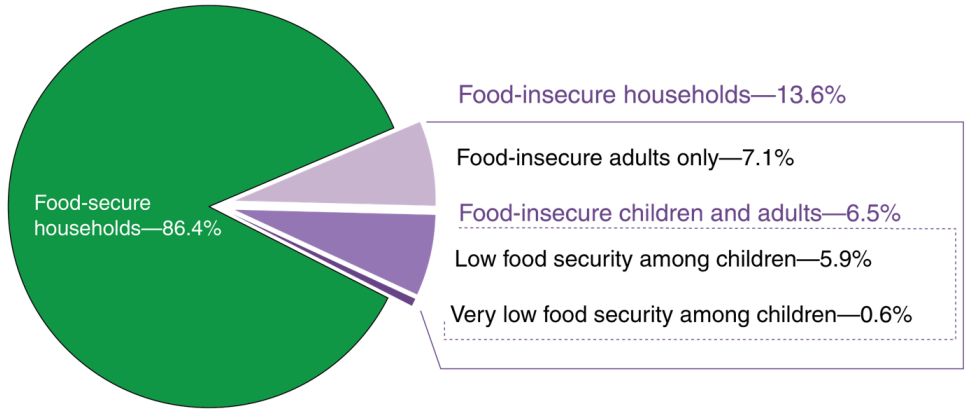


Note: Food-insecure households include those with low food security and very low food security.
Source: USDA, Economic Research Service using data from the 2019 Current

In 2019, 34.9 percent of households with incomes below the Federal poverty line were food insecure. Food-insecure households include those with low food security and very low food security. Rates of food insecurity were substantially higher than the national average for single-parent households, and for Black and Hispanic households. Food insecurity was more common in both large cities and rural areas than in suburban areas.

In 2019, 13.6 percent of households with children were affected by food insecurity

U.S. households with children by food security status of adults and children, 2019

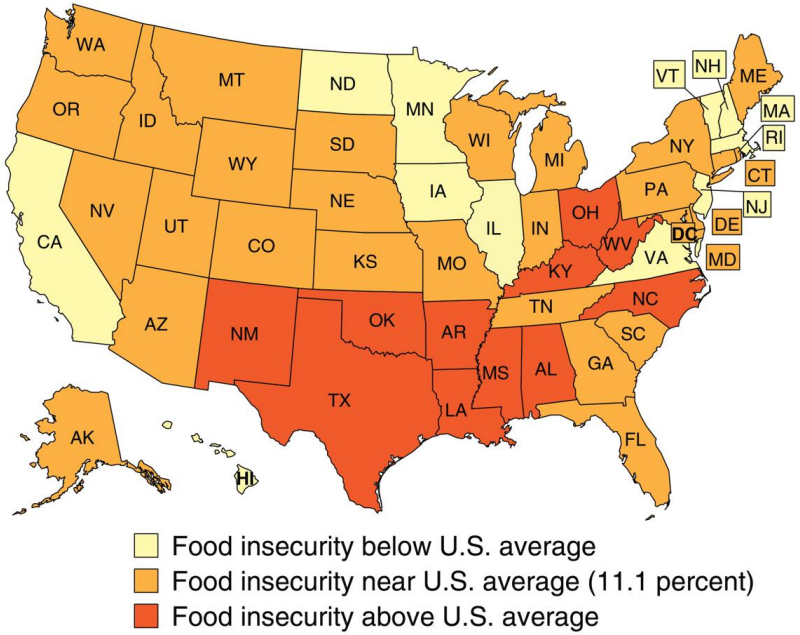


Source: USDA, Economic Research Service using data from the 2019 Current Population Survey Food Security Supplement, U.S. Census Bureau.

- Parents often shield children from experiencing food insecurity, particularly very low food security, even when the parents themselves are food insecure. In 2019, 13.6 percent of households with children were food insecure. In about half of those food-insecure households with children, only the adults experienced food insecurity. But in 6.5 percent of households with children, both children and adults were food insecure sometime during the year. In 0.6 percent of U.S. households with children (213,000 households), both children and adults experienced instances of very low food security.

Prevalence of food insecurity is not uniform across the country

Prevalence of food insecurity, average 2017-19



Source: USDA, Economic Research Service using data from the December 2017, 2018, and 2019 Current Population Survey Food Security Supplements, U.S. Census Bureau.

Food insecurity rates differ across States due to both the characteristics of their populations and to State-level policies and economic conditions. The estimated prevalence of food insecurity during 2017-19 ranged from 6.6 percent in New Hampshire to 15.7 percent in Mississippi (data for 2017-19 were combined to provide more reliable statistics at the State level).

Intersection of Food Insecurity and Diabetes

- Food insecurity is a risk factor for developing diabetes:
  - Diabetes risk 50% higher among adults in food-insecure households
  - Food-insecure adults are 2-3 times more likely to have diabetes
  - Food-insecure pregnant women are at risk of gestational diabetes

Effects of Food Insecurity and Diabetes

- Food purchase, planning and preparation:
  - Coping strategies: skipping meals, cutting meals size, eating stale food
  - Adults eat less food, so children can have enough
  - Purchase cheaper or canned food
  - Access to convenience store only (low nutrition, high cost)

Effects of Food Insecurity and Diabetes

- Diabetes Management
  - Extra health care expenses exacerbate food insecurity
  - Food insecure people are more likely to delay filling prescription
  - Reuse needle or monitor their glucose less often
  - Choose between healthy food, diabetes medication, supplies and rent
  - Choose between food and medication: Hypo and/or Hyperglicemia

Effects of Food Insecurity and Diabetes

- Diet:
  - Consume fewer fruits, vegetables and proteins
  - Rely more on high energy-dense food
- Glycemic Control
  - Food-insecure diabetic patients have higher A1c levels
- Weight
  - Food-insecure diabetic patients have a higher average BMI

Effect of Food Insecurity and Diabetes

- Preventing Comorbidities:
  - Poor control of blood pressure and cholesterol
- Healthcare Usage:
  - More physician encounters, emergency visits, overnight hospitalizations
- Mental Health:
  - Anxiety, shame, worry, guilt, feeling of powerless, depression, etc.

Role of CHWs – Food Insecurity

Pre-Pandemic:

- Identify Individuals
- Create Awareness of Programs (WIC and SNAP)
- Link individuals to Food Assistance Programs
- Refer to Clinic

COVID-19 Era

- Food drive-ups
- Porch drop-offs

Case Study

Patient M Y is an African American woman, 62 years of age, who was diagnosed with type 2 diabetes 16 years ago. Her history includes hypertension, which is currently well controlled on medication, body weight 30 lbs above ideal, clinical signs of early renal failure, cardiovascular disease, and early-stage retinopathy. She reports that, "My blood sugar never has been too good, and I don't think it ever will be. Lately it's gotten worse." In your assessment, you note that Patient M Y's blood glucose has ranged from 43–383 mg/dL over the previous few months.

Discussion

Patient M Y indicates that she has a good understanding of basic principles of meal planning and that her family is generally supportive of her dietary needs. However, because of the pandemic, she is not working full time and has not been able to secure healthy food. She skips or delays meals in some cases and eats large amounts at other times. In apparent frustration, she states, “It seems I have to decide between my rent, my medicines and provide food to my children.“

1. What other SDOH would you assess?
2. What type of referral would you offer?
3. What health education would you offer?
4. What resources does your HC have in place for patients experiencing food insecurity?

Examples of Ways in Which CHWs Have Addressed Intermediary Social Determinants during the Pandemic in New York City.*		
Social Determinant of Health	**CHW Strategies and Approaches**	**Example**
Food availability	Connect patients to pantries and food-distribution sites; enroll them in SNAP benefits. Organize food tables and food drives in partnership with community- and faith-based organizations.	The undocumented-immigrant parent of a child with special needs successfully obtained access to a hospital's mobile food pantry. An immigrant community member expressed shame and fear of stigma associated with food assistance; after a supportive discussion, a CHW arranged for delivery directly to the patient's home.
Employment	Support patients and connect them to vocational training. Educate community members on unemployment resources and help them navigate complex filing systems.	A patient couldn't obtain access to the state's unemployment website; a CHW coached her through the application-submission process. An immigrant community member working as a taxi driver couldn't obtain access to unemployment benefits because of having independent-contractor status; a CHW connected the community member to a local worker center that helped clarify eligibility for benefits.
Housing	Connect patients to rent assistance and help with the transition out of shelters and other congregate settings.	A community member was desperate to leave the shelter system; a CHW successfully advocated for permanent placement by repeatedly calling the case manager during the peak of the pandemic.
Access to health care	Facilitate prescription refills; connect patients to primary care providers and mental health resources. Help patients navigate health systems by advocating for interpreter services, accompanying patients during in-person or televisits, or facilitating enrollment in health insurance.	A patient was nearly out of medication and was unable to obtain access to telehealth services; a CHW connected her to her provider to obtain refills and worked with a local pharmacy to have medication delivered to her home. CHWs created a linguistically tailored guide on televisits and virtual health education sessions for community members with limited English proficiency.
Immigration and documentation status	Navigate resources for undocumented immigrants.	A patient was concerned about obtaining access to unemployment benefits because of her immigration status; a CHW connected her to a local community-based immigration resource to safely explore options.

* CHW denotes community health worker, and SNAP Supplemental Nutrition Assistance Program.

Community Resources

Programs and resources

The following programs and services are available in most communities. Hospitals should be aware of these programs as they will likely be the first place to start when referring food-insecure patients to resources.

- **Supplemental Nutrition Assistance Program (SNAP):** SNAP (also known as food stamps) provides low-income families with benefits (on a card similar to an ATM debit card) to be used on food.
- **Temporary Assistance for Needy Families (TANF):** TANF provides low- and very-low-income families with cash assistance to help meet basic needs.
- **Women, Infants, and Children (WIC):** WIC provides low-income pregnant and postpartum women, infants, and children up to age five with services, including vouchers that can be redeemed for healthy foods at most major grocers, nutrition education, breastfeeding support, and referrals to other services.
- **Summer, afterschool, and weekend meal and supplemental food "backpack" programs** give low-income children access to nutritious foods when school is not in session. Programs are funded by the U.S. Department of Agriculture (USDA) and administered by local organizations, including hospitals. Find your nearest site on the USDA website and check out this USDA toolkit on how to sponsor a site.
- **Soup kitchens and congregate meals:** Congregate meals are meals served in community settings such as senior centers, churches, or senior housing communities. Soup kitchens and congregate meals are free or donation-based. The USDA provides tips and resources on how to start a congregate meal site.
- **Home-delivered meals:** There are numerous services that offer home-delivered meals to vulnerable populations, such as Meals on Wheels, which delivers meals to food-insecure seniors. In Philadelphia, organizations partner with catering or dining services to prepare meals delivered by volunteers. Community Servings and Project Angel Heart are nonprofit food and nutrition programs that deliver medically tailored meals to individuals and families living with critical and chronic illness in Massachusetts, Rhode Island, and Colorado. Many food delivery efforts focus on seniors since this population often faces mobility issues.
- **Food banks and pantries:** Food banks partner with local nonprofit organizations to distribute food to families, seniors, and other individuals in need. Feeding America provides helpful information on how hospitals can develop partnerships with food banks or support the work of food pantries.

Next Session

- **Session 4:** CHWs of the Future – Virtual Visits and Technology
- April 12, 2021 at 1pm EDT through Zoom
- Registration link:

https://zoom.us/meeting/register/tJErcOqqrzwqG9ZQWZNmhv8UkkrkMnTxvnDp

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