

Food Insecurity Screening Algorithm for Adults with Diabetes

(or Parents/Caregivers of Children with Diabetes)

Download the algorithm at: <http://bit.ly/foodinsecurityscreening>

Screening for Food Insecurity Using the Hunger Vital Sign*™

Preface Questions with:

"I ask all of my patients about access to 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."



"For each statement, please tell me whether the statement was

Often True, Sometimes True, or Never True for your household in the past 12 months."

"Por cada una de las siguientes declaraciones, por favor indique si la declaracion se aplica a su familia frecuentemente, a veces o nunca durante los últimos 12 meses."

- 1 "I/We worried whether our food would run out before I/we got money to buy more."**
"Estábamos (Estaba) preocupado(s) de que los alimentos se acabaran antes de que tuviéramos (tuviera) suficiente dinero para comprar más."
- 2 "The food I/we bought just did not last, and I/we did not have money to get more."**
"Los alimentos que compramos (compré) no duraron mucho, y no teníamos (tenía) suficiente dinero para comprar más."

If Often True or Sometimes True to EITHER STATEMENT, patient is food insecure.

STEP 1: Clinical Management

Prioritize medications with lower risk for hypoglycemia

- Metformin, if clinically appropriate
- If using sulfonylureas: glipizide preferred immediately before meals (skip if not eating)
- If using long-acting insulin: dose low using a peakless analog (e.g., glargine)
- If using short-acting insulin: deliver by pen if possible; OK to use immediately after meal if meals are unreliable
- Prescribe glucose tabs

STEP 2: Gather Supportive Clinical Data

- Hyperglycemia and hypoglycemia frequency, patterns, and management skills
- Adherence to and affordability of medications and supplies
- Depression and anxiety
- Social support
- Dietary intake, sleep, and physical activity

STEP 3: Patient Education

- Medication Management:
 - Days with unreliable or inadequate food access may require lower medication doses
 - Medication schedules should be defined by when patient eats rather than time of day
- Diet Counseling: Emphasize cost-neutral strategies, such as reducing carbohydrate portion size
- Ensure patient has refrigeration for insulin
- Smoking cessation (tobacco products divert money from food budget)

STEP 4: Refer to Resources

- Sustainable food resources may include:
 - SNAP: formerly Food Stamps
 - Congregate meal sites
 - Home delivered meals (e.g., Meals on Wheels)
 - Medically-tailored meals
 - If children in household: child nutrition programs, like WIC or school meals
- Emergency food resources may include:
 - Food pantries
 - Soup kitchens/free dining rooms
- Enroll in all eligible household benefits (e.g., childcare assistance, Medicaid, utilities/transportation assistance, earned income tax credit, etc.)
- Patient assistance programs for support with medication costs

STEP 5: Code for Food Insecurity

Z59.4: Lack of adequate food and safe drinking water

STEP 6: Follow-Up at Next Visit

- Referrals to resources
- Weight trajectory
- Hypoglycemic episodes
- Food insecurity

*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.
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.*
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Food Resource Referrals

Refer to a social worker for ongoing support, call a food assistance number below during the visit, or develop an outreach partnership with a hunger relief organization to connect patients with eligible food resources. Providing patients with phone numbers or websites and not facilitating community connections is much less successful.



Refer to federal nutrition programs – Call the **National Hunger Hotline** at **1-866-348-6479** or **1-877-842-6273** (for Spanish)
 If ineligible for federal nutrition programs and/or emergency food is needed – Call **211** or the **Eldercare Locator** at **1-800-677-1116**
 To refer older adults to other eligible federal and local benefits – Visit <https://www.benefitscheckup.org>

Supplemental Nutrition Assistance Program (SNAP)* https://www.fns.usda.gov/snap	Money on debit card to purchase food. The average benefit is about \$127 per month per person.	
Women, Infants, and Children (WIC) Program* https://www.fns.usda.gov/wic	Money to purchase pre-specified foods for pregnant/post-partum women, infants, and children under the age of 5. Nutrition education and breastfeeding support also provided.	
School, Afterschool, and Summer Meals Programs for Children http://www.fns.usda.gov	Free or reduced price healthy meals or snacks for students. Eligibility criteria for programs during the school year and summer may vary.	
Food Pantries www.feedingamerica.org	Free food and grocery items for people of all ages. Food must be picked-up in person by patient or a proxy.	
Congregate Meal Sites	Meals provided to older adults at specific sites, such as senior centers, churches, or housing communities.	
Home Delivered Meals	Meals delivered to older adults who cannot otherwise prepare or obtain nutritionally adequate meals.	
Medically-Tailored Meals	Home delivered meals tailored to meet the needs of a specific health condition or combination of conditions	
Soup Kitchens / Free Dining Rooms	Free prepared meals for people of all ages.	

*Eligibility calculators are available online

For information on developing outreach partnerships with hunger organizations, please visit:
<http://nopren.org/resource/clinic-to-community-treatment-models/>

To view the American Diabetes Association recommendations on addressing food insecurity in patients with diabetes, please visit (see page S8):
http://care.diabetesjournals.org/content/diacare/suppl/2016/12/15/40.Supplement_1.DC1/DC_40_S1_final.pdf