Nutritional Considerations for Special Populations

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Disclosures

The presenter has no financial interests to disclose.
Objectives

• Identify barriers to nutrition compliance in defined special populations.

• Identify food resources to assist in nutrition and diabetes compliance.

• Discuss strategies for assisting special populations with diabetes.
Who are your special populations?
Eskenazi Health

PRIMARY CARE SITES
Eskenazi Health primary care facilities are conveniently located throughout the neighborhoods of Indianapolis.
Eskenazi Health Outpatient Clinics

- 350,000 visits per year
- 86% Medicaid, Medicare, or uninsured
- Over 100,000 interpretive services per year
Popular diet advice

**Avoid Food for Diabetes**

**Best Foods for Diabetes**
- Barley Grass
- Kale Salad
- Green Juice
- Raw Zucchini with Tomato Sauce
- Guacamole
- Avocado Sprouts Salad

**Worst Foods for Diabetes**
- Pancakes and Syrup
- Soda
- French Fries
- Bacon
- Canned Fruit
- Milk
- Fast Food Hamburgers
- Ketchup
- Potato Chips

**5 Dangerous Foods Diabetics Should Avoid**
- Candy
- Chips
- Sausage
Standard American Diet
USDA - Based on Calories Consumed

- 64% processed foods
- 23% animal foods
- 13% whole plant foods
Nutrition Standards for Diabetes

The standards outline various nutrition options to be adjusted as needed to help individuals meet their glycemic goals, all of which are specific to each individual and determined in collaboration with a multidisciplinary, diabetes health care team.

2017 ADA Standards of Care
Nutrition Behavior Change

Food Access
- Affordable
- Easily Accessible
- Incentivized

Nutrition Education
- Culturally Relevant
- Accurate Information
- Health Literacy

Motivation
- Readiness
- Confidence
- Social Support
Food Insecurity in Indiana

2015 Overall County Food Insecurity in Indiana

FOOD INSECURE PEOPLE IN INDIANA
950,720

FOOD INSECURITY RATE IN INDIANA
14.4%

AVERAGE MEAL COST
$2.61

Source: Feeding America
Food Insecurity in Indiana

Source: Feeding America

**Estimated Program Eligibility Among Food Insecure People in Indiana**

- **29%** Above Other Nutrition Program threshold of 185% poverty
- **17%** Between 130%-185% poverty
- **54%** Below SNAP threshold 130% poverty

**Annual Food Budget Shortfall**

$445,335,000

Source: Feeding America
CYCLE OF FOOD INSECURITY & CHRONIC DISEASE: DIABETES

Food Insecurity

Community Intervention (Food Banks)

Worsening of Competing Demands

Cycles of Food Adequacy/Inadequacy

Increased Health Care Utilization

Poor Self-Management Capacity

Traditional Hospital Intervention

Competing Demands

Increased Diabetes Complications

Poor Diabetes Control

Traditional Clinic Intervention

Source: Feeding America
Asking the questions

“Within the past 12 months, we worried whether our food would run out before we could buy more.”

“Within the past 12 months, the food we bought didn’t last and we didn’t have money to get more.”

• AAP Screening Questions
Interventions: Food Access

- Community Gardens/Farms
- Small Markets, C-Store enhancements
- Food Pantry Outreach
- Cooking Matters
Food Access/Advocacy Resources

- Hoosier Farmer’s Market Association-Expansion of markets throughout state
- Feeding America’s Resources-Nutrition Education Toolkit
- Call 211, Connect to Help
- Indiana Healthy Food Access Coalition-Food Financing Initiatives and Advocacy
- Indy Hunger Network: Fresh Bucks program
- Local Health Departments
Cultural Nutrition Needs

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Specific Immigrant Groups and Food Cultures in Indiana
Asking the questions

What is the native country and region?

What are the typical foods?

What cultural health and nutrition beliefs impact intake?
<table>
<thead>
<tr>
<th>Latino Foods: What Country?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caldo</td>
</tr>
<tr>
<td>Torta</td>
</tr>
<tr>
<td>Atole</td>
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<tr>
<td>Papusa</td>
</tr>
<tr>
<td>Arroz con gandules</td>
</tr>
<tr>
<td>Chilaquiles</td>
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<tr>
<td>Arepas</td>
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<tr>
<td>Plantain</td>
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<tr>
<td>Paradilla</td>
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<tr>
<td>Chimichurri</td>
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<tr>
<td>Empanadas</td>
</tr>
</tbody>
</table>
How many carbs per serving?

- Caldo
- Torta
- Atole
- Papusa
- Arroz con gandules
- Chilaquiles
- Arepas
- Plantain/Yuca
- Paradilla
- Chimichurri
- Empanadas

- 1 cup=0-15 gm
- 1 serving=45-60 gm
- 1 cup=45 gm
- 1=45 gm
- ½ cup=30 gm
- 1 cup=30 gm
- 1=30 gm
- ½ c=15 gm
- 0 gm
- 0 gm
- 1=15 gm
Caldo?
## Latino Food Intake Needs

<table>
<thead>
<tr>
<th>Questions</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Tortillas consumed?</td>
<td></td>
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<tr>
<td>Agua vs. agua de sabor (flavored water)</td>
<td></td>
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<tr>
<td>Timing of main meal</td>
<td></td>
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<tr>
<td>Pan vs pan dulce</td>
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</tbody>
</table>
African Foods: What part of country?

- Cassava
- Stews
- Couscous
- Injera
- Plantain
- Ugali
- Basmati Rice
- Fufu

- West (Nigeria, Ghana)
- East (Ethiopia, Somalia)
- North (Libya)
- East
- West
- North
- North
- West
What is pictured here?

- Cassava
- Stews
- Couscous
- Injera
- Plantain
- Ugali
- Basmati Rice
- Fufu
## African Food Intake Questions

<table>
<thead>
<tr>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bases of soups/stews?</td>
</tr>
<tr>
<td>Bread as utensil</td>
</tr>
<tr>
<td>Timing of main meal</td>
</tr>
<tr>
<td>Dessert and beverages</td>
</tr>
</tbody>
</table>
Burmese Nutrition
Burmese Nutrition

• Common foods: Rice and curry, soups with chili, stir-fries and salads.

• Meal patterns: may eat toast, noodles or fried rice in the mornings, but may not consider this a meal.

• Practice theory of hot/cold foods
Cultural Nutrition Resources

• National Diabetes Education Program: http://ndep.nih.gov

• Refugee Health Network: www.rhin.org

• Ethnomed: www.ethnomed.org

• Migrant Clinicians Network: www.migrantclinician.org

• MedlinePlus: https://medlineplus.gov
Promoting Group Care Models
Promoting Group Care Models

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Asking the questions

“How confident are you that you can manage your own health?”

“What part of this group did you find most helpful?”

“Which of these helped you attend group each week?”
Session 1: Intro to Diabetes and Healthy Eating
RN and RD/CDE, Food as Teaching Tool

Session 2: Monitoring and Risk Reduction
RN and RD/CDE, Lab Cards/Build a Kidney

Session 3: Being Active and Taking Medication
PT and PharmD, Exercise with Bands

Session 4: Problem Solving and Healthy Coping
LCSW and RD, Bingo Activity
Pre-Post

[Image of a crying face]

[Image of a smiling face with the text: "I'm able to handle it"]
What Can I Eat? Program

Engaging patients to enhance nutrition knowledge, sharing and support, and behavior goal achievement in group settings.
What Can I Eat? Program

Four 90-minute sessions delivered weekly for four consecutive weeks in groups of 10-15 participants.

1. FOOD IS LOVE
2. HEALTHY EATING
3. SHOPPING AND COOKING
4. EATING OUT AND SPECIAL EVENTS
5. A REUNION SESSION
   Three months after session 4 to reinforce positive behaviors and to share lessons learned
What Can I Eat? Program

Top Areas of IMPACT

PARTICIPANTS INCREASE POSITIVE eating/drinking habits by:

- Consuming more non starchy vegetables, lower-fat meat, and water
- Using the diabetes plate method
- Using food labels
- Purchasing healthy sides at restaurants

PARTICIPANTS DECREASE NEGATIVE eating/drinking habits by:

- Consuming less red meat, sweets, salty snacks, and sugary drinks
- Using less solid fats and frying when cooking
- Eating at restaurants less frequently
- Choosing fewer fried foods at restaurants
Questions?