Food Insecurity Training

Participant Guide

August 2017

**Food Insecurity: Prevalence of Food Insecurity & the Social Determinants of Health (8/15/17)**



My Notes

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| **What is Food Insecurity?**  Food insecurity is defined as lack of consistent access to sufficient, safe, and healthy food to live an active life, whether that means sacrificing diet quality or cutting back on quantity.   1. How would you explain this concept to a co-worker? 2. What are 3 health outcomes related to food insecurity? |

**Partner Share**

**After watching the National Geographic Food Insecurity Video discuss the following questions:**

1. What stood out to you about the video featuring family experiencing food insecurity?
2. Identify several social determinants of health that impacted the family in this video.
3. If this mom went to WIC and was not screened for Food Insecurity, how might her counseling session be different than if she was screened for Food Insecurity?

**Food Insecurity Screening Question (8/15/17)**

*“In the past few months, were there times when your family ran low on food?”*

**Where can the food insecurity question be found within the TWIST diet assessment …**

For prenatal and postpartum women?

For infants?

For children?

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**Food Insecurity Screening Question (8/15/17)**

**Step 1:** Preface the question. Self-stigma and shame can prevent an honest answer, but giving the question context gives you an opportunity to destigmatize the issue.

* Ex.) “We’ve been talking a lot about your family mealtimes and I was wondering if there were any times when your family runs low on food? We hear that from a lot of families so we like to check in with everybody. ”

Your idea:

**Step 2:** Ask the question. Be curious in tone.

**Step 3:** Offer a strengths-based response, regardless of if the answer yes or no.

Ex.)

That can be very stressful! Many families express concerns about having enough food so I’d like to hear about your experience. Then we can talk about some resources I have to offer if you’re interested…

Yes

That’s great to hear! Tell me more about the foods you provide for your family…

No

**Step 4:** Use your PCE skills to a.) Determine whether the participant is interested in addressing their food insecurity during the appointment and b.) Provide a proper referral and/or nutrition-focused counseling

**Using PCE to Address Food Insecurity: Case Scenarios**

Read through the following scenarios, and discuss either in pairs or small groups how you would respond

# Scenario 1: Alice

Alice is a breastfeeding mom, and has come in for her 6-month old’s recertification. She has an older child, who is in school. She is on OHP and SNAP.

You ask the food insecurity screening question during an appointment, and Alice opens up about SNAP not lasting through the month, especially now that it’s summer and school is out for her eldest. She says that she’s been busy and has not let SNAP know about her newborn but worries that they will reduce their SNAP benefits now that her husband has increased his hours. She expresses frustration that even though her husband is away from the kids more because of work, they are still struggling financially as much as ever. Alice does not work because the cost of child care is more than she’d make going back to her job, and has no family in the area to watch the kids for her. Alice then mentions that she’s been cutting back on food for herself for the past few months since her older child hasn’t been in school, and is worried that it’s impacting the quality of her milk.

How would you respond? What services in your community might you offer for the summer months?

**Alice: Part 2:** After exploring the resources Alice has used to make ends meet, you refer her to the community food pantry. She shakes her head and says “No way am I going there. *Especially* not with my kids. It’s not safe, and the food is all junk.”

**How would you respond? What information about the community food pantry might be helpful to know about to share with the Alice?**

# Scenario 2: Noor

Noor and her one year old child are in for a recertification visit. She is speaking to you through an interpreter and the one year old is fussy. She works part time and is not on SNAP benefits. You ask her the food insecurity question and she answers that she does run low on food. She responds that she likes to do bulk shopping and between trips they run low on food.

**How do you clarify the question and how do you proceed?**

**When making referrals what are some things to keep in mind?**

# Scenario 3: Leanna

You have been seeing Leanna and her 3 year old twins since the twins’ birth. Leanna appears more withdrawn and you are worried. When going through the diet questionnaire, you get to the food insecurity question and she answers ‘yes,’ but does not elaborate. You gently probe to discover that due to financial problems, Leanna is eating smaller meals than ideal and she admits to sometimes skipping meals. She doesn’t seem to want to get into details, but you don’t know if shame, or fatigue, is to blame.

How would you proceed?

**Leanna: Part 2:** You offer to offer a referral, but Leanna interrupts to say that her husband just got laid off and what they really need is a job, not a food bank or another handout. Leanna states “We don’t want social services or the government up in our business…..”

**How do you proceed?**

**What response could you offer that ties to nutrition-focused counseling?**

# Scenario 4: Robert

Robert comes into your clinic with his two children for their WIC appointment. Robert notices a poster in your clinic asking about “Need help getting food?” and he wants to know what resources his family might qualify for besides WIC. You are surprised by his question as he is well dressed and has a newer version of cell phone than you do. He and his children at first glance also appear to be above average weight.

**What comes up for you regarding outward appearances and assumptions?**

# Scenario 5: Elena

Elena and her four children come to the clinic for an appointment. When you screen for food insecurity, Elena insists that the family is doing okay, and that they are very grateful for the food they have. She also mentions, however, that she recently dropped from SNAP and is thinking of dropping from WIC because she is afraid that using government benefits will get her deported. Elena is not a U.S. citizen but her four children are citizens. She has been hearing stories of “mixed status” families being separated, and she doesn’t want that to happen to her. Elena mentions that she barely leaves the house because she is afraid that both she and her husband will get caught and deported, orphaning her children. She relies on friends from church with to bring her food and she grocery shops late at night. Yet, she assures you that she is grateful for the food they have.

How would you respond to Elena?

What information and resources can you share with Elena to calm her fears?

What additional scenarios might come up with your WIC staff? Possible prompts might include:

* Single parent households
* Special medical diets (diabetes, food allergies) that might include higher cost foods, medications, or limit acceptable foods from the food bank.
* Families who express having to choose between ‘heat or eat’ during the year.
* Fear of being reported to Family Services/Child Welfare

**Screening Scenarios Reflection**

Why might a WIC participant not want to disclose whether or not they are struggling to put food on the table?

Why might a WIC participant refuse a referral?

What are 3 strategies you can use to address sensitive topics like food insecurity and poverty?

What are some ways you could counsel a WIC participant who feels shame in their food situation?

**Finding & Documenting Referrals for Food Insecurity (revised from 6/1/12 referrals in-service)**

Referring participants into health and social services is one of WIC’s primary services, and is a very important part of addressing food insecurity. Referral organizations are grouped in TWIST by category to make it easy to find a referral organization and document it. Required referrals are noted in the right column. See Policies 481, 880, 885 for required referral guidance. Below are some examples of the referral categories that might be helpful for addressing food insecurity. Fill in the chart with the agencies you commonly refer to for each category.

| Referral category | Organizations my agency refers to: | Required Referral |
| --- | --- | --- |
| Drug and Alcohol Counseling or Treatment |  | Yes – Policy 880 |
| Domestic (Interpersonal) Violence |  |  |
| Food Resources |  |  |
| Medical or Mental Health Providers |  |  |
| Head Start Programs |  |  |
| Health Department Programs |  |  |
| Housing |  |  |
| Immunizations |  | Yes – Policy 481 |
| Non-WIC Nutrition Education Providers |  |  |
| Oregon Health Plan/Medicaid |  | Yes – Policy 885 |
| Smoking Cessation Programs |  |  |
| SNAP or FDPIR |  |  |
| Social Services |  |  |
| Temporary Assistance to Needy Families |  |  |
| Others |  |  |

**Addressing Barriers to Referrals**

Identifying and addressing barriers when making referrals greatly increases the chance that the participant will take advantage of the suggestions offered.

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| **Barrier Presented** | **Suggestions** | **Your Ideas** |
| **Stigma/Embarrassment/Shame**  -Uncomfortable discussing topic | Develop a rapport with participants in a judgment- free manner may address some of the barriers related to stigma and embarrassment.  Stigma and embarrassment show up in several ways ranging from frustration, denial and identifying additional barriers. |  |
| **Time**  -Organization’s hours not convenient  -Participant too busy | Have background knowledge on basic hours of operation, location, transportation layout, and requirements and procedures. This can help the participant get a sense of how long it will take to access the resource and plan accordingly. |  |
| **Language and Cultural Context**  -Is this resource near a location which might feel intimidating? IE: police station or court house or religious organization  -Are there interpretation services available or multi-lingual staff? | Have background knowledge on your referral agency.  What information does the agency request from participants in order to receive service? Does the organization discuss religion or religious practices when providing services? This information is helpful to share while providing the referral so participants know what to expect, or to address their concerns if these things come up. |  |
| **Perception of Resource**  **-**Thoughts that the food available at food banks is bad- almost expired/damaged/unhealthy  -Limits on how many times the food bank can be visited  -Rude customer service | Have background knowledge on your referral agency. Many food banks offer fresh fruit and vegetables and rotate food rapidly.  Acknowledge that you hear their concerns, and offer something else or clarify perceptions. When possible follow up with the community agency about rude customer service. |  |
| **Others?** |  |  |

**Strong Referrals Checklist Worksheet**

For this activity, choose 4 referrals that you could make for a WIC participant who is food insecure. Go through the checklist. Can you fill in all of the items? It’s recommended that as an agency you follow up on any sections of the checklist you are unable to answer, to make the strongest referrals.

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|  | **Referral Example:**  Food pantry | **Referral 1:** | **Referral 2:** | **Referral 3:** | **Referral 4:** |
| **Point of contact? (name)** | Jane Purslane |  |  |  |  |
| **Have you visited? (date of visit)** | No |  |  |  |  |
| **Address?**  **Transportation access?**  **(Y/N; bus line/stop)** | 123 Apple Ave.  Yes to transportation access, parking lot in church; unsure about bus line |  |  |  |  |
| **Hours of operation?** | Tuesdays 4-7 pm |  |  |  |  |
| **Accessible for speakers of language other than English?**  e.g. Are there interpretation services available or multi-lingual staff? | Don’t know |  |  |  |  |
| **Other notes:** | Shopping-style pantry, located in basement of church |  |  |  |  |