Starting the Conversation: Basic Nutrition Education for the Non-RD

PRESENTED BY
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Poll Question (1)

What is your professional background?

How often do you provide nutrition education to individuals each week?
Registered Dietician Day

WEDNESDAY, MARCH 13, 2019

HAPPY REGISTERED DIETITIAN DAY!

Celebrating your nutrition experts!
“Setting the Table”
IHS Standards of Care: Type 2 Diabetes

 salud Instituto de Salud de los Pueblos Americanos (IHS)

Diabetes Standards of Care & Clinical Practice Resources

Nutrition

Healthy eating is an essential component of managing diabetes. All individuals with prediabetes or diabetes should receive nutrition education that considers access to nutritious foods, as well as personal and cultural preferences.

Health care team members are encouraged to provide basic nutrition education. Whenever possible, patients should be referred to a registered dietitian (RD) for individualized medical nutrition therapy (MNT).

Nutrition Sections

Quickly jump to a section on this page by clicking on one of the links below.

- Section 1 – Clinical Practice Recommendations: Nutrition
- Section 2 – Clinician and Educator Resources: Nutrition
- Section 3 – Patient Education Resources: Nutrition

Updated February 2019!

https://www.ihs.gov/diabetes/clinician-resources/soc/nutrition/
We all have a role in nutrition education!
Jane (1)

- 50-year-old Female
- Type 2 Diabetes – diagnosed 2 years ago
- First visit to diabetes education program
- Nearest RD is 30 miles away
Tips for Educators & Issues to Consider

Tips for Educators
Using My Native Plate

Guiding Principles:
- Encourage individuals to set nutrition-related goals.
- Work with individuals and their families to develop a meal plan that includes traditional and cultural preferences.
- Use examples and tips to encourage eating a variety of foods.

Issues to Consider
Understanding and addressing issues that influence a client’s eating behaviors are important to consider as you use My Native Plate.

1. Food insecurity
Individuals and families with food insecurity can be predisposed to overeating available foods, skipping meals, or choosing foods that are less expensive and unhealthy.
- Not having enough money to buy good quality food affects eating habits. Provide information on how to use My Native Plate on a limited budget.
- Assess the individuals’ access to a sufficient quantity of affordable, nutritious foods. Start by using the FNS Food Insecurity Assessment Tool and Resource List.
- Indicate if the individuals are unaware of resources available in their community to address food insecurity issues.

2. Traditional foods
- Talk with Tribal members, such as elders, about traditional foods in their community and how these foods are harvested, prepared, and preserved. Partner with them to offer food demonstrations and cooking classes.
- Discuss how traditional foods can work with My Native Plate.

Tips for Educators Using My Native Plate
3. Family and community gatherings
- Social gatherings are important to your clients and may affect health eating norms.
- Keep in mind that not eating foods offered at gatherings, potlatches, feasts, and potludes may not be socially or culturally acceptable.
- Help clients plan ahead by using My Native Plate as a guide in selecting types of foods commonly found at gatherings.
- For more tips, see the handout "Two Double Dashes: You Can Enjoy Meals on Special Days" located on the IHS Division of Diabetes’ website.

4. Emotions and stress
- Food can often be used as a coping agent or to fill a void in some conditions, such as depression, anxiety, and stress.
- If the issues presented are beyond your scope of practice, refer clients to a behavioral health professional.

5. Fast food, restaurants, take-out, and corner stores
- Assist clients with ideas on how to compare food choices and select the healthier option.
- Keep in mind that menu options labeled "healthy" may cost more.
- Suggest ways to use My Native Plate when eating away from home.

6. Special nutrition needs
- Refer clients with special nutrition needs (e.g., diabetes, hypertension, kidney disease) to a registered dietitian for medical nutrition therapy.

Resources
Education Materials and Resources (Online Catalog):
www.htc.gov/education/education-materials-and-resources

FNS Food Insecurity Assessment Tool and Resource List:
www.fns.barnard.org/foodsecurity/202012late_myanasmenergytool/toolsoftooltemplates/20210301.pdf

Two Double Dashes: You Can Enjoy Meals on Special Days:
Food Insecurity
Traditional Foods
Family and Community Gatherings
Emotions and Stress
Fast Food Restaurants and Take-Out Corners
Special Nutrition Needs
Special Diabetes Program for Indians
Best Practice: Nutrition Education

Required Key Measure

• Number and percent of individuals in your Target Group who receive nutrition education.*

* Performed by a Registered Dietitian or other health or wellness program staff.
IHS Standards of Care: Type 2 Diabetes (cont.)

https://www.ihs.gov/diabetes/clinician-resources/soc/nutrition/
Recommendation One

Recommendation for Nutrition

It is recommended that patients receive basic nutrition education that supports healthful eating patterns, focusing on a variety of foods in appropriate amounts. Consider using My Native Plate to engage discussion about eating practices such as food choices, meal preparations, and portions.

1. Provide basic nutrition education to all patients with diabetes or prediabetes.
   - At diagnosis
   - Then annually
   - More often as needed
Roles and Approaches
Nutrition Education Settings

- Number of American Indians and Alaska Natives in User Population: 2.2 Million
- Number of Tribes Served (Federally-Recognized): 576

**Nutrition Education Settings**

- Clinics
- Wellness Centers
- Home Visits
- Senior Nutrition Sites
- Community Events
- Urban Indian Health Programs

**Non-RD Educators**

- Doctor
- Pharmacist
- Dietitian
- Social Worker
- Nurse
Starting the Conversation
Performance of a Brief Dietary Assessment and Intervention Tool for Health Professionals

Food Frequency Instrument
• Eight Questions

Scale developed by:
• Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill
• North Carolina Prevention Partners


https://www.ajpmonline.org/article/S0749-3797(10)00586-6/pdf
Over the past few months…

<table>
<thead>
<tr>
<th>Question</th>
<th>Less than 1 time (0)</th>
<th>1-3 times (1)</th>
<th>4 or more times (2)</th>
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</thead>
<tbody>
<tr>
<td>1. How many times a week did you eat fast food meals or snacks?</td>
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<tr>
<td>2. How many servings of fruit did you eat each day?</td>
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<tr>
<td>3. How many servings of vegetables did you eat each day?</td>
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<tr>
<td>4. How many regular sodas or glasses of sweet tea did you drink each day?</td>
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<td>5. How many times a week did you eat beans (like pinto or black beans), chicken, or fish?</td>
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<td>6. How many times a week did you eat regular snack chips or crackers (not low-fat)?</td>
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<tr>
<td>7. How many times a week did you eat desserts and other sweets (not the low-fat kind)?</td>
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<td>8. How much margarine, butter, or meat fat do you use to season vegetables or put on potatoes, bread, or corn?</td>
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</tbody>
</table>

**SUMMARY SCORE (sum of all items): ________________**
Let the Client/Patient Set the Agenda

- Ask the what areas they need help with
- Ask what goal(s) are important for them to work on
- Depending on literacy, have them fill out their agenda before coming in for the visit

What would you like help with today?

- Making Healthy Meals
- Eating Fruits & Vegetables
- Shopping for Food / Budget
- Drinking More Water
- Feelings About Health/Diabetes
- Losing Weight
- Being Active
- Not Sure
- Something Else:

Diabetes Program PERSONAL GOALS

Name: ____________________________

Many people with diabetes have something that they would like to change in their life. Look at the items below, decide how happy you are with each of them with a check mark and identify those you would like to change.

Looking at this list, I want to improve [Choose the one most important goal to you].

| 1. Healthy Eating | OK | COULD BE BETTER |
| 2. Being Active   | OK | COULD BE BETTER |
| 3. Monitoring     | OK | COULD BE BETTER |
| 4. Taking any medicine everyday | OK | COULD BE BETTER |
| 5. Problem Solving| OK | COULD BE BETTER |
| 6. Healthy Coping | OK | COULD BE BETTER |
| 7. Reducing Risks | OK | COULD BE BETTER |
Engage Patients in Their Care
Ask open ended questions and listen to their answers.

“What about ____________ do you find most challenging?”

Fill in the blank with:
• Managing your diabetes
• Eating healthy
• Being active
• Drinking water
Or any other goal or issue they are addressing
Poll Question (2)

How would you start the conversation with Jane?
Jane (2)

“I don’t know what to eat. The hardest thing is knowing how to eat healthy.”
What is Basic Nutrition Education?
What is Basic Nutrition Education? (cont.)

Basic nutrition education:
• considers access to nutritious foods, and personal and cultural preferences.
• supports healthful eating patterns.
• focuses on a variety of foods in appropriate amounts.
There is no such thing as a “Diabetes Diet”

• People with diabetes do not have to buy special foods to eat healthfully.

• Indigenous ancestral or traditional foods are the foundation to eating a healthful diet.
My Native Plate

Use your plate as a guide to help you eat in a healthy way!

1. Fill half of your plate with vegetables.
2. Fill the other half of your plate with a grain/starch and a protein.
3. Add a side of fruit.

Pictured here:
- Mixed berries
- Cooked spinach
- Baked squash with peppers and herbs
- Steamed wild rice
- Baked deer meat with sage
- Water

Take a picture with your cell phone. Look at the picture later as a reminder!

Produced by
Indian Health Service, Division of Diabetes Treatment and Prevention.
03/2016

Notes:
More Ideas for **MY NATIVE PLATE**

### Vegetables and Fruits
- **Tips**
  - Stock up on fresh, frozen, and canned vegetables and fruits.
  - Keep fruits and vegetables on hand for snacking.
  - Plan some meals around a vegetable main dish, such as a stir-fry, stew, or soup.
  - Enjoy fruit as a dessert.

#### Examples
- **Vegetables**: Wild greens, tomatoes, carrots, leafy greens, zucchinis, avocados, broccoli, green beans, cucumbers, onions, peppers, okra
- **Fruits**: Berries, melons, apricots, peaches, citrus fruits, bananas, apples, pears

### Protein
- **Tips**
  - Choose fish, beans, lentils, eggs, and nuts more often to cut down on meat.
  - Instead of a beef patty for your burger, try a veggie, black beans, turkey, soy, or bean patty.
  - Grill, stew, or bake meat instead of deep frying.
  - If milk upsets your stomach, try yogurt, lactose-free milk, or soy milk.

#### Examples
- **Animal proteins**: Fish, wild game, bison, poultry, mutton, beef, pork, eggs
- **Plant proteins**: Beans, lentils, nuts, nut butters, seeds, tofu, soy products
- **Dairy proteins**: Milk, lactose-free milk, yogurt, cheese, cottage cheese

### Grains and Starches
- **Tips**
  - Choose whole grain foods, such as whole wheat bread, corn tortillas, oatmeal, and wild or brown rice.
  - Try whole-wheat flour instead of white flour.
  - Add wild or brown rice to main dishes, such as a stir-fry, stew, or soup.
  - Bake or roast potatoes instead of deep frying.

#### Examples
- **Grains**: Pasta, bread, crackers, rice, oats, quinoa, turkey, cereals, tortillas, flour, cornmeal
- **Starchy vegetables**: Potatoes, corn, green peas, winter squash
Fruits and Vegetables

Add Veggies to Meals and Snacks

- Stock up on fresh, frozen, and canned vegetables.
- Keep veggies on hand for snacking.
- Plan some meals around a vegetable main dish, such as stir fry, stew, or soup.
- It's OK to have veggies for breakfast!

Add Fruits to Meals and Snacks

- Stock up on fresh, frozen, and canned fruits.
- Keep fruits on hand for snacking.
- Enjoy fruit as a dessert.
- Choose fruit over fruit juices.
- Add dried fruit to nuts for a high-energy snack.
Proteins

Add Proteins to Meals and Snacks

- Choose fish, beans, lentils, eggs, and nuts more often to cut down on meat.
- Instead of a beef patty for your burger, try a bison, veggie, black bean, or turkey patty.
- Grill, stew, or bake meat instead of deep frying.
- If milk upsets our stomach, try yogurt, lactose free milk, or nut milk.

Animal Protein Examples
- Fish, wild game, bison, poultry, mutton, beef, pork, eggs

Plant Protein Examples
- Beans, lentils, nuts, nut butters, seeds, tofu, soy products

Dairy Protein Examples
- Milk, lactose free milk, yogurt, cheese, cottage cheese
Grains and Starches

About Grains & Starches

- Choose whole grain foods, such as whole wheat breads, corn tortillas, oatmeal, and wild or brown rice.
- Try whole wheat flour instead of white flour.
- Add wild or brown rice to main dishes, such as a stir fry, stew, or soup.
- Bake or roast potatoes instead of deep frying.

Grains Examples

- Pastas, breads, crackers, rice, oats, quinoa, barley, cereals, tortillas, flour, cornmeal

Starchy Vegetables Examples

- Potatoes, corn, green peas, winter squash
Beverages

Native Infusion: Rethink Your Drink
A Guide to Ancestral Beverages

Authors: Valerie Segrest & Elise Krohn

Funding support provided by First Nations Development Institute and the Muckleshoot Tribe’s Traditional Foods Program.
Refer to an RD for Individualized Nutrition Recommendations (Medical Nutrition Therapy)
Jane (3)

Jane is ready to set goals.

What?

When?

Where?

How often?

Start time?
IHS Diabetes Standard of Care: Nutrition (cont.)

Recommendation Two

2. Refer patients to an RD, whenever possible, but MNT for diabetes an other health conditions that need individualized nutrition recommendations (e.g., hypertension, dyslipidemia, kidney disease).
   • At diagnosis
   • Then Annually
   • More often as needed
Referring To and Accessing Dietitians

- RD on site vs. RD off site
- Depends on your local health care system
- Ask around!
  - Registered Dietitian
  - Chief Nurse
  - Chief Medical Director
  - Billing Department
  - Referred Patient Care
Poll Question (3)

Do you know the process to access an RD in your healthcare system?
Examples

Diabetes
- New Meter
- Meter Download
- New DM Pt Education Class
- DM Intensive Care Management

Prevention Adults
- Weight Management
- Physical Activity
- Pre-diabetes/Elevated Glucose
- Metabolic Syndrome
- Healthy Choices Group Class

Special Diets Adults Only
- Diabetic
- Hypertension
- Elevated Lipids
- Digestive Disorder
- Other

Child/Adolescents
- Weight Management
- Diabetes
- Physical Activity
- Special Diet
- Elevated Glucose
- Elevated Lipids

Provider Signature  Date
Address Food Insecurity
3. Assesses a patient’s access to a sufficient quality of affordable, nutritious foods. Screen for food insecurity using the Food Insecurity Assessment Tool and Resource list.
Food Insecurity Risk Factors

• Low, inconsistent or lost income
  • Recent job loss or reduction in hours
  • Inadequate SNAP allotment or access to government food resources
• Elder population
• Single-parent homes
• Drug and alcohol dependency
• Uninsured or underinsured with a medical illness
When is food insecurity likely to occur?

- At the end of the month - SNAP or income may have run out
- Holiday seasons
- Birthdays, life-cycle rituals
- Feast Days
- Ceremonies
- Summer (kids out of school)
- Seasonal bills
- Competing housing and medical costs
Food Insecurity Assessment

Food Insecurity Assessment Tool and Resource List

To help your patients and clients improve their health, it is important to understand food insecurity and provide them with resources to get more healthy food.

When patients/clients and their children cannot get enough healthy food, they have food insecurity. They:

- Are at greater risk for being emotionally distressed.
- Eat less expensive foods which are often unhealthy.
- Have little choice over what kinds of food to buy or receive for free, making it difficult or impossible to eat balanced meals.
- Have periods when they don’t eat, then overeat when food is available. If they have diabetes, this makes it very difficult to manage blood sugar.
- Have a greater risk for being overweight or obese.
- Are more likely to get diseases like diabetes.

To help your patients/clients lessen food insecurity, take these three steps:

1. Read each statement* and ask your client if the statement is often true, sometimes true, rarely true, or never true.

   - Within the past 12 months, we worried whether our food would run out before we got money to buy more.
   - Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more.
   - If your client responds “often true” or “sometimes true” to either statement, they likely have food insecurity. Help them get more food by filling out the list of resources (see next page) and giving it to them. You can also fill out the list, make copies, and leave them in waiting rooms and other areas for community members to pick up.

2. Advocate for nutrient-rich foods in your community. Take steps to increase the availability of nutritious, affordable food.


Food Insecurity Assessment

Read each statement and ask your client if the statement is often true, sometimes true, rarely true, or never true.

- Within the past 12 months, we worried whether our food would run out before we got money to buy more.
- Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more.

If the response is “often true” or “sometimes true” to either statement, they likely have food insecurity.
Starting the Conversation About Food Insecurity

“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.”

Food Insecurity Screening Algorithm for Adults

This tool is the work of the Nutrition and Obesity Policy Research and Evaluation Network’s (NOPREN) Hunger Safety Net Clinical Linkages Workgroup
Starting the Conversation About Food Insecurity (cont.)

• Fill out the list. You may need to ask for assistance from your co-workers or colleagues.
• Make copies to have available to clients/patients.
• Leave the filled out resource list in waiting rooms and other areas for community members to pick up.
Starting the Conversation About Food Insecurity (more)

• Get to know internal and external resources
• Collaborate with local programs
  • Tribal programs
  • Extension programs
  • Food Distribution Programs
  • SDPI Programs
Resources

Food Resources near Shiprock

Not having enough food for yourself and your family is stressful. Lack of good food makes it hard to have nutritious meals that help children grow and adults stay healthy. The thought of not having enough food can make you worry. There are resources to help. If you need food assistance, please don’t wait to contact the programs on this list.*

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Address and Phone</th>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNAP - Supplemental Nutrition Assistance (Food Stamps)</td>
<td>Human Services Department, Income Support, 101 W. Animas, Farmington, NM 87401, Phone: 505-665-6900</td>
<td>New Mexico: <a href="https://www.nmstate.unm.edu/Arizona">https://www.nmstate.unm.edu/Arizona</a>: <a href="https://www.healthcareconnection.gov/%E2%80%9CHow">https://www.healthcareconnection.gov/“How</a> to Apply” Video: <a href="https://dss.state.nm.us/benefits/food-assistance/food-assistance/Arizona-application">https://dss.state.nm.us/benefits/food-assistance/food-assistance/Arizona-application</a></td>
</tr>
<tr>
<td>Food Distribution (FDFR)</td>
<td>4005 Highway 94, Holbrook, NM 87447, Phone: 505-999-0739</td>
<td>Supplemental foods. Income required. Can receive SNAP or FDFR, but cannot receive both.</td>
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<tr>
<td>USDA</td>
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<td>USDA</td>
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<tr>
<td>Farmington’s Markets</td>
<td>Farmington Farmer’s Market, Farmington Museum</td>
<td>Farmington &amp; Aztec Farmer’s Market offer “Double Up Food Bucks” for SNAP participants, doubling your food stamps when you use your EBT card.</td>
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<tr>
<td>USDA</td>
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<tr>
<td>ECHO Inc. Food Bank</td>
<td>401 South Commercial Avenue, Farmington, NM 87401, Phone: 505-334-0433</td>
<td>Hours: Monday-Thursday: 7:00 a.m. - 12:00 p.m. &amp; 12:30 p.m. - 5:00 p.m.; Closed Holidays and at 6:30 p.m. on last business day of each month</td>
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<td>USDA</td>
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<tr>
<td>San Juan Baptist Association</td>
<td>1510 Ridgeway Place, Farmington, NM 87401, Phone: 505-334-2030</td>
<td>Non-perishable food and clothing</td>
</tr>
</tbody>
</table>

*Information is subject to change. Please confirm with the contact information provided.
Resources (cont.)
Jane (4)

“I often run out of money to buy food before my next payday.”
Poll Question (4)

How would you respond to Jane?
Education Resources
Education Materials and Resources (Online Catalog)

My Native Plate (cont.)

• Order or print the updated *My Native Plate* placemat. Use it as a visual guide to help your clients eat healthy meals. This two-sided education tool depicts colorful foods and offers tips to add variety to meals and snacks.

• **Order Tear-off Pad of Placemats (12x16)**
  

• **Self-print (8½ x 11)**
  
Resources (more)
How might you consider changing your practice?
More Resources

Join us in Oklahoma!
REGISTER NOW
NO REGISTRATION FEE
August 6-9, 2019
Cox Convention Center

Diabetes in Indian Country Conference
IHS, tribal, and Urban clinicians, community health providers, and SDPI grantees will:

- LEARN the latest information and earn CME/CE credits
- NETWORK with other grantees and clinicians
- SHARE best practices
- SHOWCASE their successful work in AI/AN communities

2019 Diabetes in Indian Country Conference
Call for Workshop Proposals
Deadline: March 29, 2019
A limited number of topic-specific proposals will be accepted.
We all have a role in nutrition education

• Start the conversation and use the tools available to you.
• Consider and address issues that can influence a client’s eating behaviors.
• Refer to a Registered Dietician when available.
Registration

Attention: SDPI Grant Programs

Sign Up to Showcase Your SDPI Program at the SDPI Poster Session in Oklahoma City this August!
Questions?