Food insecurity in the chronic kidney disease population: CAHOPH Meeting Grant report

Lynn McIntyre, Dept. of Community Health Sciences, U of Calgary, on behalf of *Campus AB Food Insecurity in Health Settings group*, lmcintyr@ucalgary.ca

Food Insecurity: Clinical Context

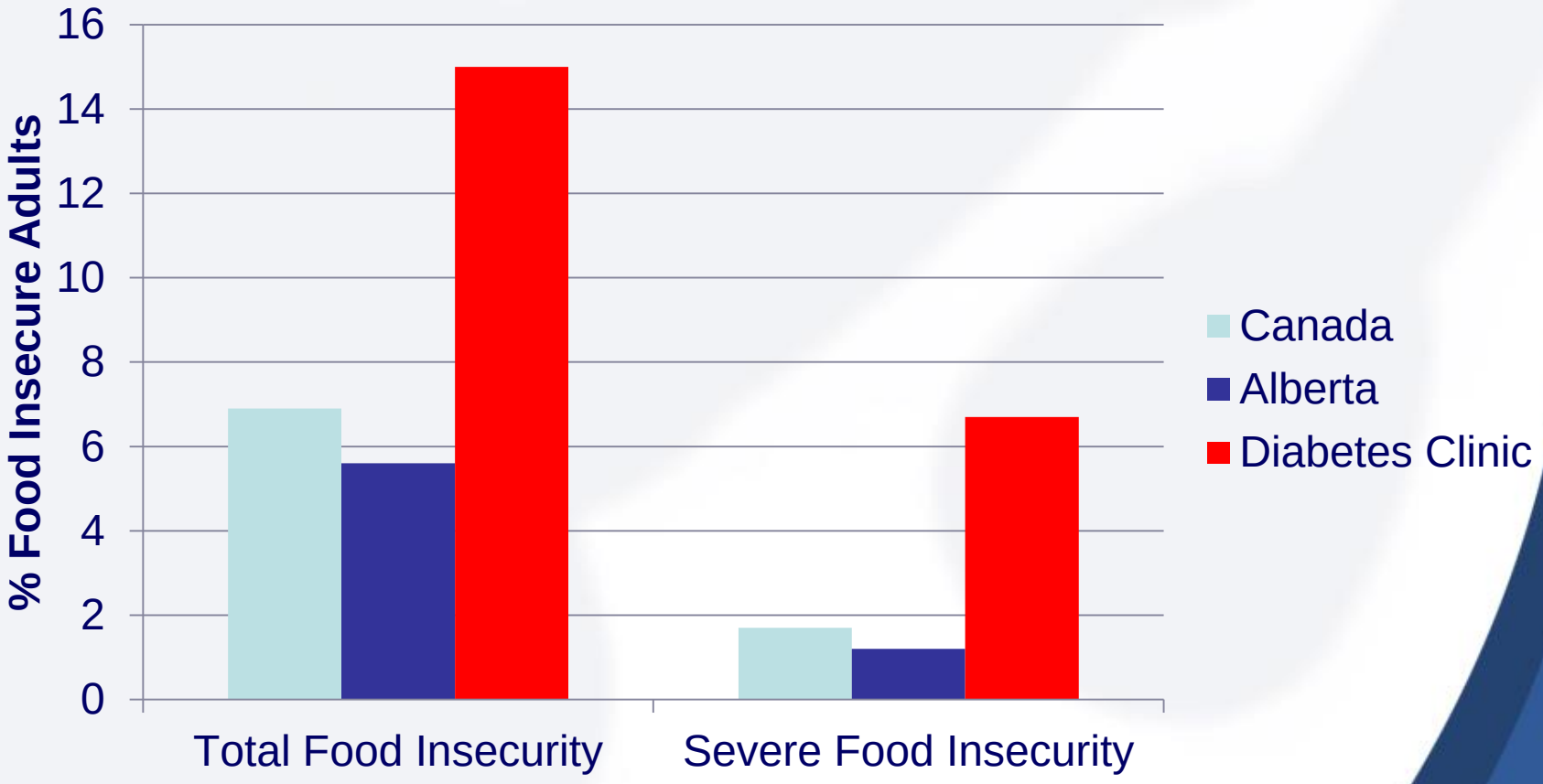
- *Food Insecurity:* Inadequate or insecure access to food due to financial constraints
- *Malnutrition* Nutrition-related deficiency, macro- or micro-level

- *Severe Food Insecurity* : Indicates reduced food intake and disrupted eating patterns; highly clinically relevant for diet-sensitive conditions

- Campus Alberta Food Insecurity in Health Settings Group initiated 2007 as a collaboration between then Calgary Health Region and the U of Calgary on the issue of food insecurity

Diabetes: Prevalence of Adult Food Insecurity

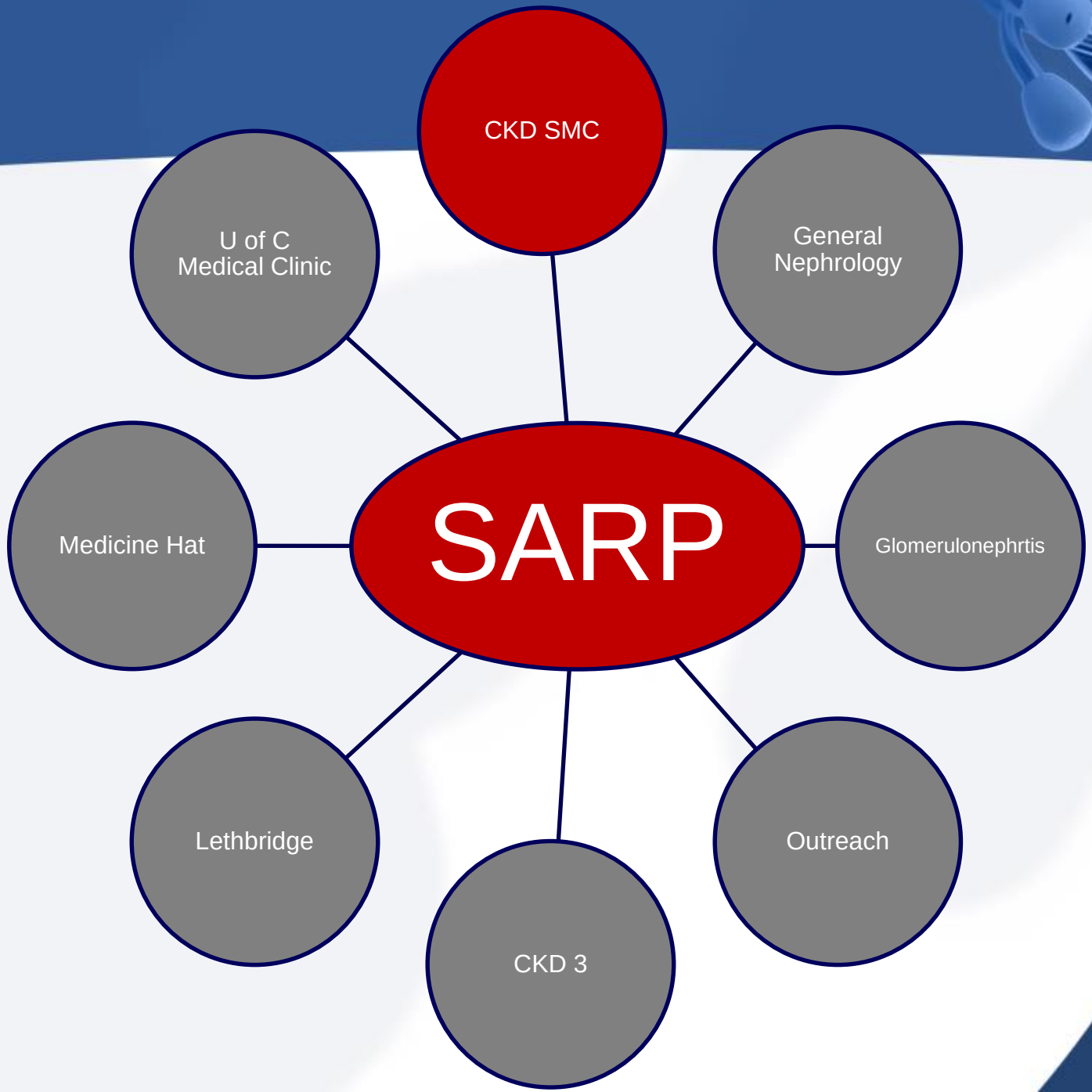
(n=314) Galesloot et al, 2012



Food insecurity in health systems: Bringing research & practice together

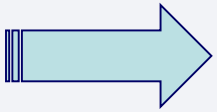
March 2, 2012 meeting: Summary Report

This led to a CIHR Knowledge Synthesis grant: Scoping Review of Food Insecurity in the Healthcare Setting (on-going)


CKD SMC
U of C
Medical Clinic
General
Nephrology
Medicine Hat
SARP
Glomerulonephrtis
Lethbridge
CKD 3
Outreach

Goals of Chronic Kidney Disease clinics

- Early identification of those at risk for kidney disease
- Delaying the progression
- Provide education about treatment for kidney failure
- (Facilitate end of life care and planning)



Unique vulnerabilities to food insecurity: costly renal diet; drug costs; inability to maintain employment; co-morbidity (diabetes) plus overlap with risk groups for food insecurity

February 28, 2014, Downtown Calgary; 10:00-15:00; 26 attendees

Questions for the Day

- 1) How do we identify/screen for food insecure individuals among the chronic kidney disease population, and how can we make the screening process feasible?
- 2) What should be the path forward with regards to possible interventions?

SARP Panel presentation, Sheldon Chumir Centre

- Kin Tam – Unit Manager
- Sandra Anderson – Nurse Practitioner
- Michelle Canales Holmes – Social Worker
- Lia Sauve – Dietitian
- Dr. Matt James – Physician
- Discussion

Highlights

Food Insecurity: likely a BIG problem

Identification: not systematic but many financial issues for the population

Barriers: cost of diet; drug costs if not on a plan; sustaining work in the face of kidney disease-induced fatigue; long waits for AISH; staff have high case loads; cultural & renal diet; physical access to grocery shopping

Assets: provider-client trust; electronic records; team management; comprehensive program

Knowledge Café: Deeper Dive

- Café #1 – Screening feasibility
- Café #2 – Possible interventions
- Café #3 – Positioning a project for innovation funding

Knowledge Café Discussions

Screening

- Clinic logistics
- Who? Dietitian
- Intake, timing: Trust
- Require reliable/valid tool that discerns severity
- Formal record
- Staff education
- Interventions required

Management

- Specific dietary counselling for severe food insecurity
- Renal hamper at food bank
- Resources to access transportation assistance, meals on wheels

Community supports (Renal community kitchen program)

PARTNERNSHIP FOR RESEARCH AND INNOVATION IN THE HEALTH SYSTEM (PRIHS)
LETTER OF INTENT FORM
Submission Deadline: April 4, 2014 1600 hours

Applications will be accepted if they are sent by overnight courier by 4:00 pm on the day of the deadline.

Please refer to the PRIHS LOI Instructions and Program Guide 2014/2015
http://www.aihealthsolutions.ca/grants/prihs/

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1) Research Proposal Title

Addressing Food Insecurity in the Chronic Kidney Disease Population for Cost Savings

We are proposing to conduct a social innovation experiment within the health system that will yield health status improvements and net cost savings. The population of interest is Chronic Kidney Disease patients who exhibit high rates of health service utilization, progressive impoverishment over the course of their disease, and at the time of chronic kidney failure generate significant costs from dialysis. The project is aligned with Province of Alberta's Social Policy Framework Goals (pg10) of reducing inequality, protecting vulnerable people, producing a person-centered system of high quality services, and enabling collaboration and partnerships. The intervention will consist of a) Guaranteed Annual Income for eligible patients equivalent to Canada's Old Age Security/Guaranteed Income Supplement income floor; b) essential drugs provided free of charge for those without drug coverage, and; c) a 'best practices' case management component consisting of dietitians, nurses and social workers support in order to maximize health status benefits from increased adherence to recommendations for this population and thereby maximize cost-savings. Thus the project aligns with the identified priorities of AHS of chronic disease management and innovative health services delivery.

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Better health and health care

Thank you

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