

## Plan

Food security is having complete access to enough nutritious food to maintain an active and healthy life. Those that are food secure have few problems accessing nutritious food, while those identified as food-insecure report poor nutrition and reduced food intake.

Studies have shown that food insecurity and barriers to food security often lead to pregnant women defaulting to cheap and convenient food choices even while acknowledging the importance of eating healthy during pregnancy.<sup>1</sup> Pregnant women experiencing food insecurity are less able to access beneficial foods which can increase the risk of complications such as gestational diabetes and preterm labor.<sup>2</sup> In considering these risks, our plan is to utilize a survey to assess if the patient population at the SBH Prenatal Diabetic Clinic have barriers to accessing the recommended foods for a diabetic diet.

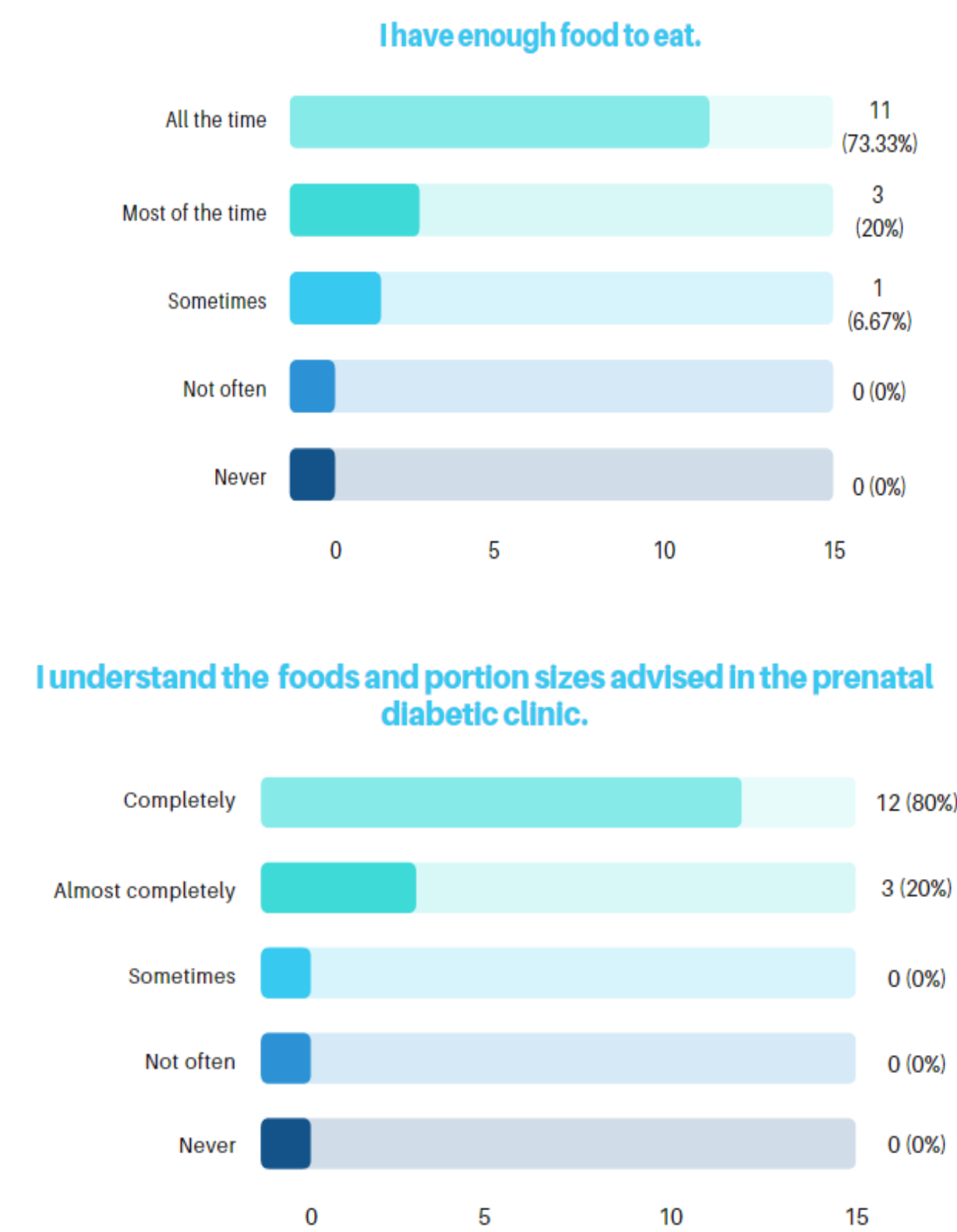
**AIM STATEMENT:** To improve understanding of patients' food security and barriers to complying with diabetic diet recommendations, we plan to implement a food security survey in 50% of pregnant patients at SBH Gestational Diabetic Clinic, over a 1 month period.

## Do

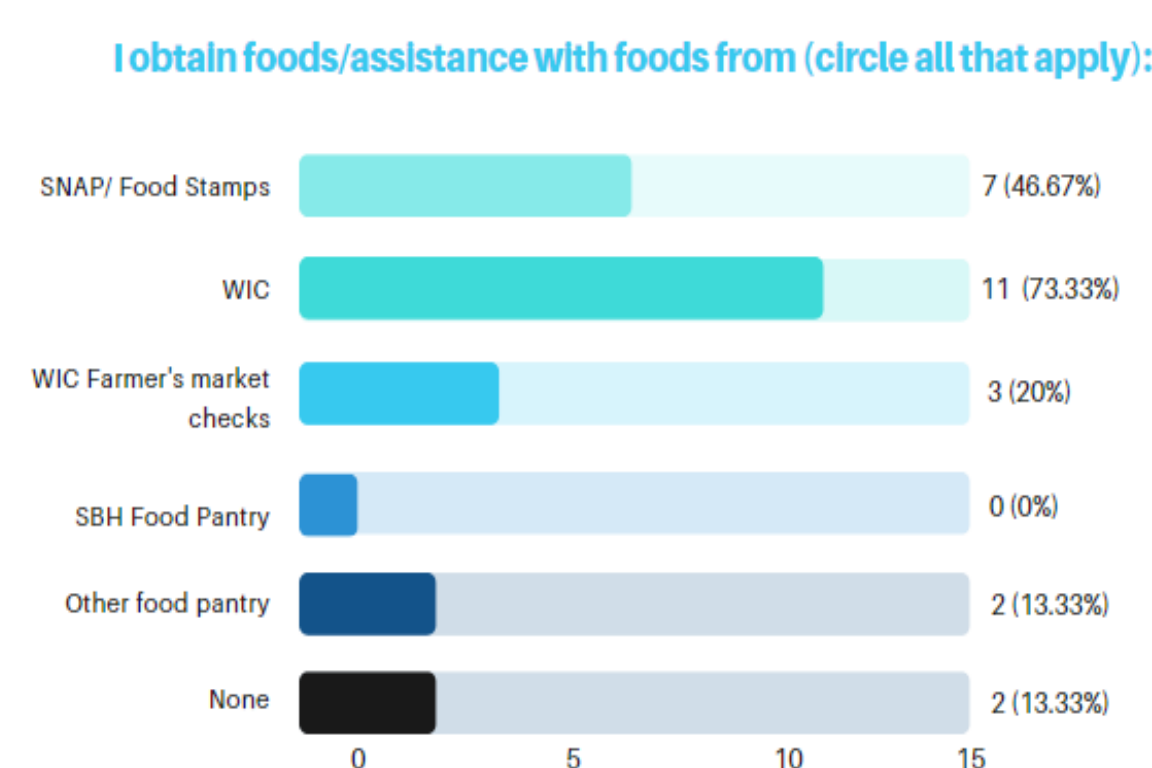
A questionnaire was developed and administered to 15 pregnant patients that attend the SBH Prenatal Diabetic Clinic over a one-month period. When needed, tele-video interpretation was used. Patients completed the survey and the data was recorded. The questionnaire focused on food security, comprehension of the diabetic diet and access to recommended foods.

## Study

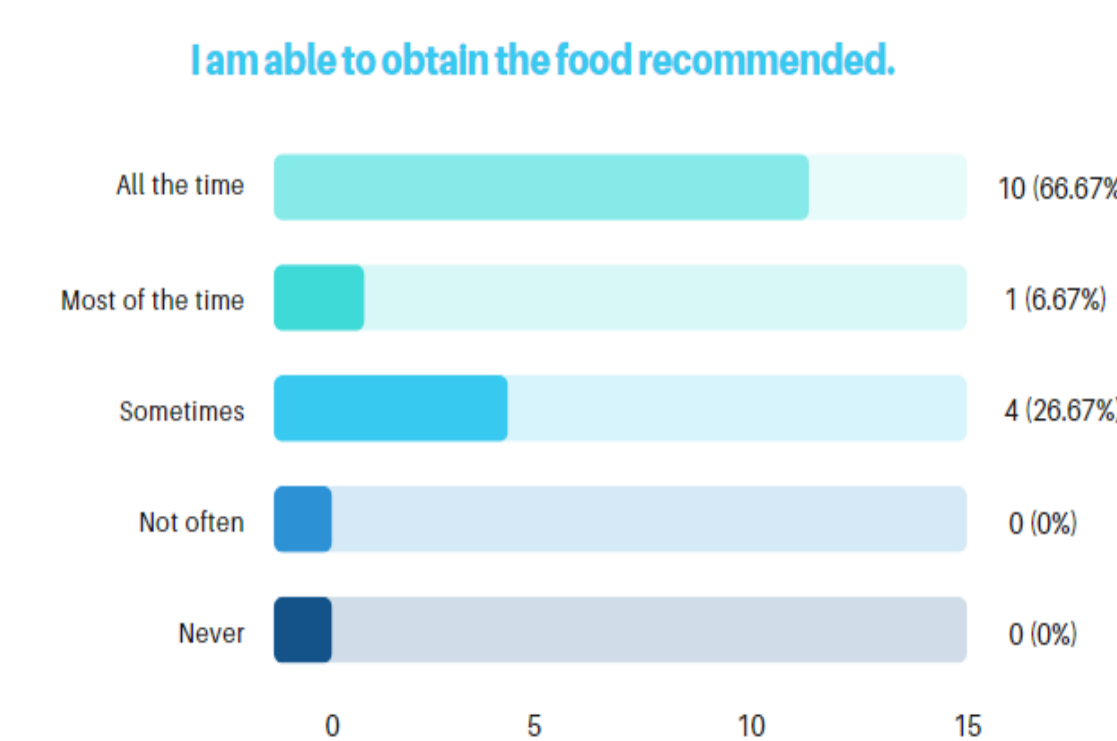
The majority of patients recorded they had enough food to eat all the time (73%) and completely understood the foods and portion sizes as recommended by the physician and dietitian (80%).



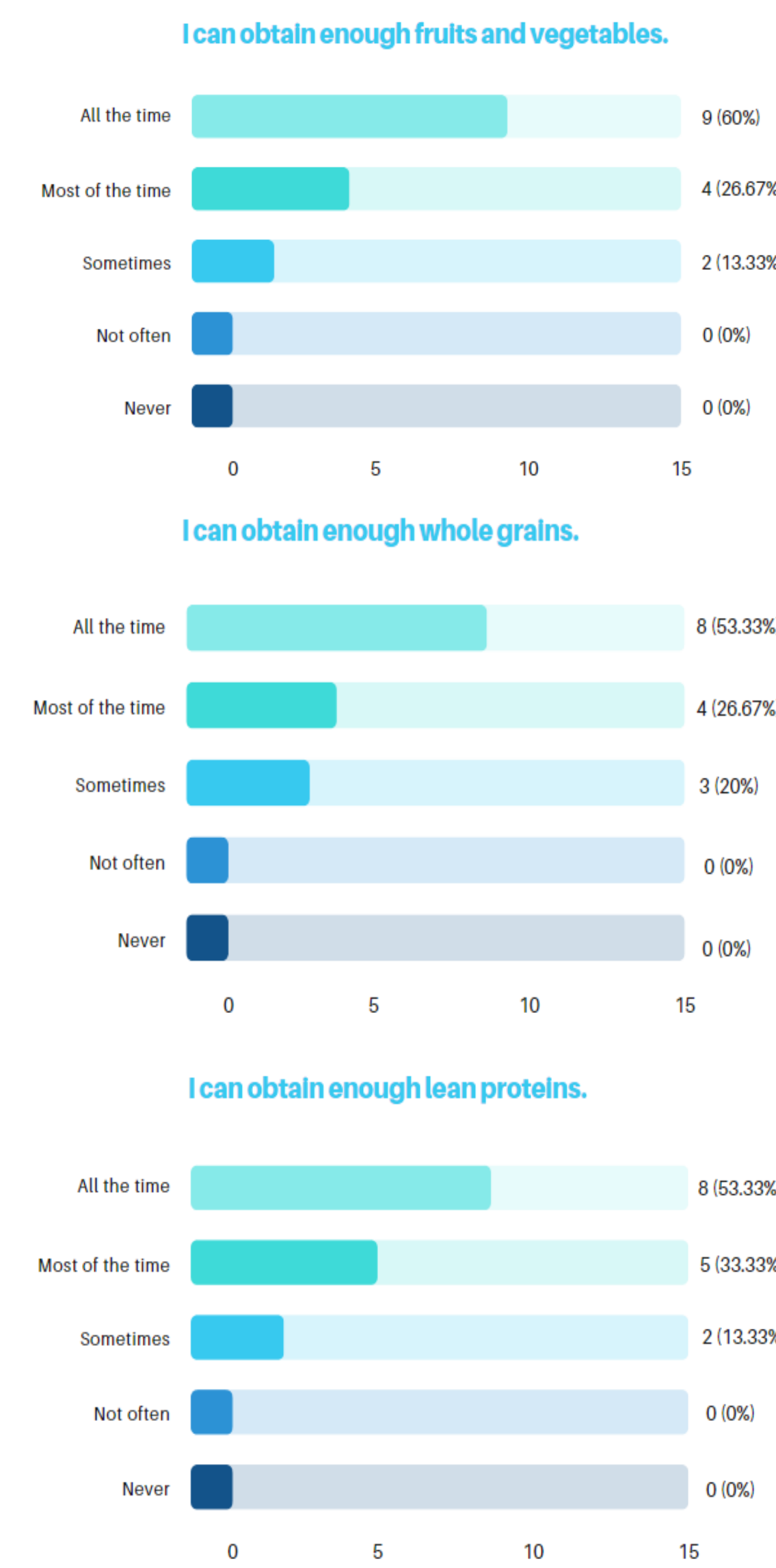
The data displayed that most of the subjects also obtain assistance with food with a majority, 73%, of patients using WIC and 46% using SNAP/Food Stamps.



Although most patients (66.7%) reported that they are able to obtain the recommended food all the time, a noticeable amount (26.6%) reported that only sometimes they are able to obtain those recommended foods.



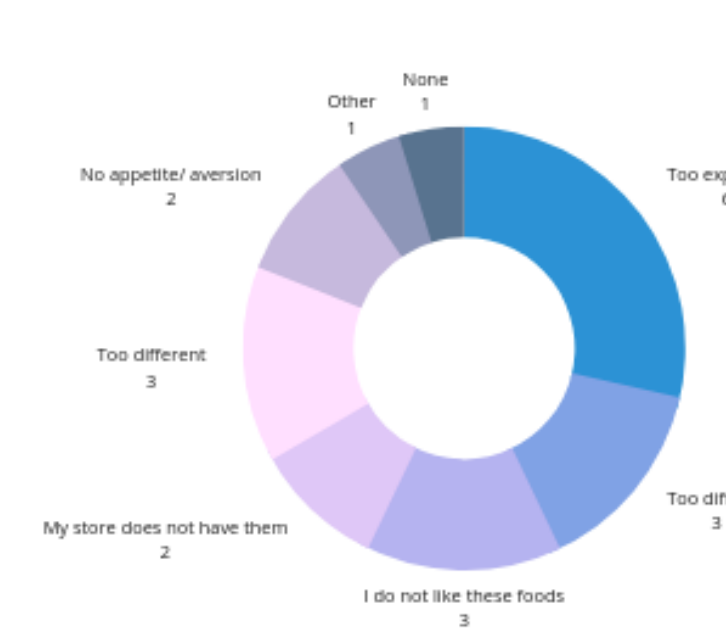
The majority of patients stated that they were able to obtain enough fruits and vegetables, whole grains and lean proteins all the time (60%, 53.3% and 53.3% respectively). However, we did find that a sizable number of patients could only obtain these foods sometimes (13%, 20% and 13% respectively.)



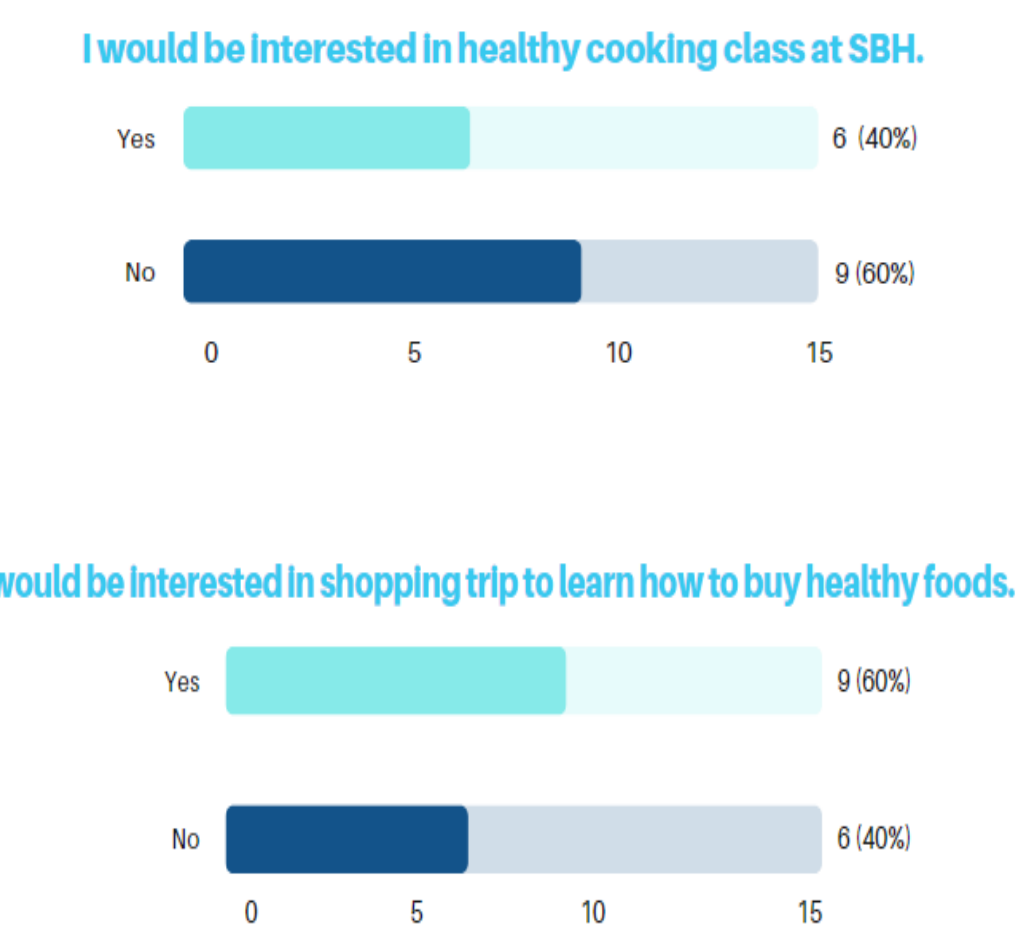
In questioning reasons why patients are not able to obtain the recommended foods, 40% of patients stated because the food was too expensive, 20% of subjects stated that the food was too difficult to obtain/make, did not like the foods or the foods were too different from their regular diet. One subject selected the other category and stated that pregnancy cravings was a reason as to not adhere to the recommended diet.

### Some reasons that I do not eat the recommended diet (circle all that apply)

- Too expensive
- Too difficult
- The store is too far (too far)
- I do not like these foods.
- My store does not have them.
- The recommended diet is too different from my regular diet (too different).
- I do not have an appetite/ have an aversion to these foods (no appetite/aversion).
- I do not have any place to cook.
- Other
- None



Subjects were asked if they would either attend a healthy cooking class or a healthy shopping workshop. Data shows that patients are more likely to attend a healthy shopping workshop (60%) than a healthy cooking class (40%).



## Act

The results of this study suggest that a portion of our patients have barriers to consuming the recommended diabetic diet. In an attempt towards solving these barriers, in the next phase implementation of various educational programs will be made. After interventions are made the survey will be redistributed on a quarterly basis. This survey will be adapted to be more comprehensive and translated into different languages such as Spanish, French and Arabic to reflect our diverse patient population.

In a future phase we plan to adopt this survey into our regular practice and distribute to every patient at their nutrition counseling follow up visits. This will assess our interventions as well as track trends in food security over time.

Barriers to completing this survey are time and personnel constraints. A solution for this will be to provide this survey electronically for patients to complete on their own in their preferred language.

### Next steps:

- Collaboration with SBH Wellness Center Teaching Kitchen for Diabetic Diet Cooking Class
- Diabetic diet shopping workshop
- Distribution of information on food pantries/resources in the Bronx.

## Contact Information

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## References

1. University of Wisconsin Green Bay Center for Public Affairs, Professional Programs in Social Work. Center For Public Affairs Policy Snapshot Report: Food Insecurity, Barriers And Possible Solutions. Green Bay; 2016. <https://www.uwgb.edu/UWGBCMS/media/public-affairs/files/FoodReport.pdf>. Accessed August 8, 2022.
2. Zinga J, McKay FH, Lindberg R, van der Pliigt P. Experiences of Food-Insecure Pregnant Women and Factors Influencing Their Food Choices. *Matern Child Health J.* 2022;26(7):1434-1441. doi:10.1007/s10995-022-03440-3

## Acknowledgements

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