

Reaching the Underserved

CONNECTING MOBILE & HOMELESS PEOPLE TO THE HEALTH DISPARITIES COLLABORATIVES

December 2005

TABLE OF CONTENTS:

Welcome

This third edition focuses on nutrition and diabetes

Tools and Resources

- :: Diet and Nutrition
- :: Adapting Your Practice

Success Stories

- :: Community Health Partnership of Illinois is recognized for their unique Promotores program

Simple Solutions (Highlighting PDSA cycles or creative approaches to problems)

- :: Using Peanut Butter to Stretch your Food Dollars
- :: Three Simple recipes...when you don't have a kitchen

Feedback from the Field

- :: Creating a nutritional guidance source for vulnerable populations

WELCOME

Health Care for the Homeless (HCH) Clinicians' Network and **Migrant Clinicians Network (MCN)** are pleased to welcome you to the third edition of our joint e-newsletter, *Reaching the Underserved: Connecting Mobile & Homeless People to the Health Disparities Collaboratives*. HCH Clinicians' Network and MCN serve as National Partners to the HRSA Health Disparities Collaboratives. In this issue of our newsletter, we discuss some of the food challenges faced by people who do not have a stable living place. We also provide some solutions to assist both mobile and homeless patients to maintain better glycemic control.

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TOOLS AND RESOURCES

:: Diet and Nutrition:

Sporadic and unpredictable food intake presents a unique barrier for the mobile or homeless person trying to manage diabetes. While insulin regimens are built around beginning the day with a morning food intake, this is often not a reality for patients. Cooking facilities may be limited to a

microwave or hot plate, forcing them to rely on prepackaged items that are often high in calories and fat. They may depend on soup kitchens or shelters for meals where choices are limited. If we understand the constraints under which our patients access food, we can work together toward care plans that acknowledge these limitations and offer suggestions that are achievable.

:: Adapting Your Practice:

The Clinician should:

- Assess when and where the patient is eating and the frequency and healthfulness of meals.
- Provide suitable documentation for the patient with diabetes to use at food pantries, soup kitchen and shelters to obtain healthful snacks and foods.
- Encourage the patient to make the best choices that they can from what is available. For example, taking a smaller portion of macaroni and cheese and a larger portion of vegetables.
- Ask the patient to save part of the meal for later when only one or two meals are available per day.
- Provide multivitamins with minerals.

Insulin Therapy:

Tight glycemic control may be dangerous for patients who cannot reliably predict the number or timing of meals that they will eat.

The Clinician should:

- Consider using a basal insulin such as Lantus with Lispro insulin or regular insulin before meals to accommodate erratic eating patterns.
- Consider having the patient use a sliding scale if food sources are unreliable or unavailable.
- Consider decreasing insulin dosage when food is unavailable.
- Use premixed insulin when possible.
- If they are walking a great deal, encourage patients to inject insulin into the abdomen to avoid erratic absorption.
- Remind the patient to rotate injection sites to avoid lipodystrophy.

Oral anti-diabetic agents:

The Clinician should:

- Assess liver function on a regular basis.
- Screen carefully for alcohol abuse before starting metformin due to an increased risk of lactic acidosis.

For patients taking sulfonylureas, **the clinician should:**

- Recommend that the patient hold or decrease the dosage when food is unavailable to avoid hypoglycemic episodes.

Excerpted from Adapting Your Practice: Treatment Recommendations for Homeless Patients with Diabetes Mellitus.

You can order a copy of this manual by clicking here: www.nhchc.org

For additional nutritional resources please visit www.migrantclinician.org

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SUCCESS STORIES

Migrant Health Promotion awarded the Community Health Partnership of Illinois with the **Golden Lantern Award** in South Padre at the NCFH conference. They are the first recipients, and commended for their excellence in a promotores program that utilizes male lay health workers to teach health education to migrant men. ***Congratulations to this team!*** For more information on how to set up a **promotora** program, follow links on MCN website. www.migrantclinician.org

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SIMPLE SOLUTIONS

:: Why eat Peanut Butter?

Peanut Butter is an inexpensive protein food and a good source of folate and other vitamins and minerals. Peanut butter can be eaten in place of meats for meals. Peanut butter is a good energy food and it is a filling snack, especially for children.

:: Worried about the Fat in Peanut Butter?

Many of the calories in peanut butter do come from fat, however most is a type of fat that has been found to be heart healthy. And, compare the fat content of peanut butter to the fat content of other protein foods in the table below.

<u>Protein Food</u>	<u>Amount</u>	<u>Total Fat in Grams</u>
Peanut Butter	2 Tablespoons	16
Ground Beef	3 ounces, cooked	18
Fried Chicken	1 leg with skin	25

:: Here are three simple and delicious recipes...that don't require a kitchen

Healthy Wraps:

These cost about \$2.50 each and only require a paper plate and a knife to cut the tomato.

- 1 tortilla (Look for tortillas that are not made with lard)
- 3 slices turkey breast
- Handful of baby greens or spinach leaves (purchase the bag with pre-washed greens)
- 2 or 3 thin slices of tomatoes (in season if possible)
- 1 Tablespoon of salsa
- 2 oz of shredded low fat cheese (can be a blend)

1. Lay out tortilla on plate
2. Spread turkey slices on tortilla
3. Spread the spinach or baby green leaves all over the tortilla
4. Spread the grated cheese over the tortilla
5. Drizzle the salsa over the tortilla (optional)
6. Slice and spread the tomato slices over the tortilla
7. Fold the bottom 1/3 of the tortilla up and then fold each side over the center.

This recipe is simple and if you have a family to feed, most of the packages that are required for this will have about ten servings. The wrap could be heated (with the fresh vegetables on the side) but it is also delicious eaten cold too.

Using Food Pantry Supplies for a healthy and hearty soup:

Most canned soups are limited in the protein they offer as well as vitamins. When relying on food pantry supplies, it can be difficult to get all of the nutrients needed, especially protein. If access to a microwave or stove is possible, here is a simple recipe using canned foods. While it does have sodium, it is also a good source of protein and several vitamins.

- 1 can of beans (drained)
 - 1 can of carrots (drained)-do not rinse
 - 1 can of tomato puree
 - 2 cans of water
 - 1 can of peas-drained
 - 1 can of whole peeled potatoes-cut in quarters-drained
 - 1 can of any other vegetable available-drained.
- Spices that might be available include salsa-1 small container

1. Mix all ingredients in a pot for a stove top or a bowl.
2. Heat in the microwave for 2-3 minutes or on the stove until warm.

Tuna Fish Crunch:

- 1 can of tuna fish packed in water-drained. If Tuna in oil is what is available, drain the oil and rinse it too.
 - 1 fresh carrot-chopped
 - _ small onion-chopped
 - 1 stalk celery-chopped
 - _ cup light mayonnaise if available
- Whole wheat pita breads

Mix all ingredients together and serve in the whole wheat pita breads. The addition of the fresh vegetables adds flavor and crunch to this traditional recipe. It also helps to extend the more expensive part of this meal-the tuna fish.

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FEEDBACK FROM THE FIELD

Carlos Manjarrez of the Metropolitan Housing and Communities Center of the Urban Institute in Washington, DC is working with a group of local providers to coordinate mobile food delivery in the Washington area. They are hoping to develop a nutritional guidance for non-profit agencies, churches and others to use when providing food to nutritionally vulnerable populations.

Carlos has collected a bibliography that covers a range of topics focused on nutrition and vulnerable populations. If you would like to obtain a copy, or if you have information that you would like to contribute, please contact him at CManjarr@ui.urban.org

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