



# Nutrition, Food Insecurity and Health Promotion

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# Today's Moderator



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# About PCDC

Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.



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# Moving Beyond 101: An Advanced Application of Integrated Care



# Poll

What's life like where you are viewing?

1. I'm in a clinic setting
2. I'm in a nonclinical office setting
3. I'm at home and otherwise normal
4. I'm at home, and helping care for children and others
5. Other

# An Integrative Approach to Addressing Diabetes

- Improve screening and management and partner with patients to better address diabetes
  - Maximize the value of interprofessional teams
  - Enhance what you have (even if it's just you!)
  - Build efficient processes and procedures



(Image courtesy C. Aguilar)

# An Integrative Approach to Addressing Diabetes

1. Behavioral Treatment
2. Evidence-based Prescribing Practices
3. Nutrition, Food Insecurity and Health Promotion
4. Integrating Clinical Pharmacy
5. Expanding Quality Improvement
6. Operational and Clinical Pathways
7. Persons with Lived Experience



# Why Address Diabetes in Integrated Behavioral Health?

- Patients with behavioral health conditions are disproportionately likely to struggle with diabetes and associated metabolic conditions
- Behavioral health providers are uniquely positioned to impact diabetes
- Integrated care will increasingly involve integrating metrics

# Today's Key Messages

- Understanding the role of nutrition as part of providing integrated care
- Exploring an integrated care team dietitian's impact on patient health outcomes for patients with or at risk for diabetes
- In the absence of a dietitian, how other members of the team can help support patients' nutritional needs

# Case

- 43M
- Insulin-dependent
- Major Depressive Disorder
- A1C 13.5
- Compliance?

# Today's Presenter



**Alyssa Gallagher, RD, CDE**

**Alyssa Gallagher** is a registered dietitian and certified diabetes educator. She has degrees in both education and nutrition. Alyssa currently works at an integrated outpatient diabetes education center, where she has almost 10 years of experience working along side physicians, PAs, NPs, CDEs and behavioral health specialists to help support patients with diabetes. Her professional passions include working as a team to support diabetes management, therapeutic carbohydrate restriction and diabetes prevention. She was most recently featured in the documentary *Fat Fiction*, highlighting the lack of evidence to support current U.S. Dietary guidelines.



# Three Areas of Focus

- Interacting as a team
- What do I teach patients
- What resources/information might be useful if you don't have a dietitian or CDE available

# Topics for Discussion

- What integration looks like in our clinic (past and present)
- What a day in the clinic looks like for me
- Nutrition visit 101
- CDE visit words of wisdom
- Nutrition resources when you don't have an RD

# What Integration Looks Like for Me

- In my building: Endocrinologist, PAs, NP's. Medical assistants, RNs and RDs who are all certified diabetes educators. We also have a psychologist and a social worker. Not everyone is in on the same days but there is at least 1 of each on every day on a rotating basis.
- Our offices are next to each other and we communicate daily in person and electronically.
- We currently do NOT offer shared medical appointments but regularly do warm hand offs and introductions and occasion targeted instruction if time on the educators' schedules.

# What a Workday Looks Like for Me

- We get referrals in-house as well as system physicians or physicians from the community. Therefore I see a variety of patients with varying levels of communication with the referring providers.
- I have my own full patient schedule.
- I communicate about any shared or same day visits from our providers on site and produce a game plan.
- I will Skype message, text, or call our providers anytime I need them with one of their patients.
- If my door is open providers regularly asked me to meet a patient, bring a handout, or occasionally do some targeted education if my schedule allows.



# What We Have Tried in the Past

- Educator does the assessment portion of the visit and gathers information for medical provider. Educator doesn't bill.
- We have reserved every other hour on the educator schedule to facilitate with provider as needed. Educator doesn't bill.
- If an educator has a no-show, she alerts the providers in the office and they pull her in as needed. Educator doesn't bill.

# Billing

- I work for an accredited diabetes center so can bill DSME G codes (G0108 or G0109 for group) or as a dietitian can bill MNT (97802 97803)
- Dietitians CAN bill telehealth – last I heard had to include video
- I occasionally will receive a same day referral from in house and bill for a patient.
- Most of the “Drive-bys” are not billed and a formal visit is scheduled at a later date

# Nutrition Visit Types

- 75--90-minute initial visits
- 60 minute follows up and Pre-Diabetes visits
- 90-minute Group GDM initial visits, 30-minute individual follow ups
- Group DSME classes offered, 4-part series, 2 hours each

# Nutrition Visit 101

## AADE7™ Self-Care Behaviors





# Nutrition Visit

- Diet recall: Ask specifics!
  - When do you wake up/go to sleep? (quality/duration of sleep!)
  - What's the first time you have anything to eat or drink besides water?
  - Don't call it "Breakfast"
  - How much do you eat of that – compared to a baseball? (which is about 1 cup)
  - What do you drink? How much? How often?
  - What's the last time you usually eat in the evening?
  - Who cooks and shops? How supportive are they?
  - Cooking skills?
  - Relationship with food? Hx of eating disorder, food insecurity, weight loss surgery etc.

# Nutrition Visit

- Meet the patient where they are – of course!
- Fix the problem – INSULIN. Not the symptom – SUGAR.
- Get them away from eating “in moderation” and the standard American diet (SAD)
  - Therapeutic carb restriction and/or plant based?
  - Pick a side!! High fat + high carb =DISASTER
  - Cut out processed carbs
  - Food addiction?
- Therapeutic Carb restriction:
  - Low carb <100g daily or 30g or less per meal, <5g carb snacks
  - Very low carb 20-50g daily
  - Can be used in conjunction with a variety of eating patterns

# Food Insecurity

- History of food insecurity changes relationship with food and desire to make food changes
- Help clients spend food dollars wisely – purchase meat and produce and get other staples (higher carb) from food banks if/when needed
  - Dollar store/Walmart menu planning.
  - Fresh vs. frozen or canned
- Coach on identifying which foods are carbs and helping them reduce when/if able
- Ask questions to determine access to food and determine if client is experiencing food insecurity

# Low Carb Key Points

## Carb budget (suggested maximums):

- 30g or less of carbs each meal
- Less than 5g each snack
- Plate method can work well in some cases
- **EAT TO THE METER!** Don't medicate what they eat if you can help it
- Many patients on their own start eating very low carb

## Meal planning tips:

- Most veggies are unlimited (eat more veggies that grow above ground)
- Have protein at every meal (about a deck of cards to a palm sized portions)
- Cook and serve food with natural fats (olive oil, avocado, butter, coconut oil etc.)
- Focus on 3 quality meals per day, snack only when/if hungry
- Choose only 1 carb food per meal (or less) and have a smaller portion
- Focus on whole foods - the less food labels you see the better!
- Avoid processed carbs and sugars (breads, pastas, cereals, crackers etc.)
- Grains (yes, even whole grains), potatoes and sugars spike sugar/insulin levels - use caution or choose to avoid.
- Don't eat "naked" carbs (combine protein and fats with carb if you eat them – like walnuts added to steel cut oats or cheese with apple slices)
- Treat fruit as a dessert
- Listen to your body, and eat mindfully (pay attention to your body's hunger and fullness cues)
- Eat locally and seasonally when possible
- **If testing your blood sugar: Use blood sugar testing after meals to assess individual response to foods to help guide diet changes**



# Very Low Carb (as defined by ADA)

## Carb budget:

- 20-50g of digestible grams of carbs daily
- Total carbs – fiber = digestible carbs

## Contraindications:

- SGLT2-i use
- Pregnancy/nursing
- Type 1 Diabetes (?)
- Severe kidney disease

Micronutrient considerations if diet is low enough in carbs and nutritional ketosis occurs.

## Meal planning tips:

- Eat protein first (palm sized serving)
- Add some low carb veggies
- Fill up on natural fats
- Focus on whole foods - the less food labels you see the better.
- Avoid processed carbs (breads, pastas, cereals, crackers etc)
- Grains (yes, even whole grains), potatoes and sugars spike sugar/insulin levels
- Fruit is a natural sugar, treat this like a dessert and limit to berries.
- Most veggies are unlimited (eat more veggies that grow above ground)
- Have protein at every meal (about a deck of cards to a palm sized portions)
- Cook and serve food with natural fats (olive oil, avocado oil, butter, coconut oil etc)
- Focus on 2-3 quality meals per day, snack only when/if hungry
- Have a minimum of 12 hours a day where you don't eat. (ex. go without eating from 8pm to 8am to rest the pancreas)
- Listen to your body, and eat mindfully (follow your natural hunger/fullness cues)
- Eat locally and seasonally when possible
- Stay hydrated! Drink plenty water, unsweetened tea or broth

# Nutrition Pearls

- Time restricted eating/intermittent fasting
  - Shorter eating window: 16:8, 18:6, 20:4
  - 5:2 approach – consider two 24 hours fasts (dinner to dinner) per week
- Talk about physiology. Discuss insulin resistance and it's role in cravings and weight gain (that's what your patients care about!)
- Focus on something they do OFTEN: Drinking milk every day, bread every day etc. Not something like dessert they have once per week.
- Focus on choosing only 1 carb food per meal for patients that are struggling to either understand or follow through. Start simple – no counting and measuring!

# CDE tips – wording is KEY!

- SHOW ME!
- How many times per week do you forget a medication?
- How many times do you use a pen needle?
- Where on your body are you giving your insulins? Same spot on your stomach or all over?
- When do you give your insulin in relation to when you start eating? Timing is key!
- Can I feel where you give your insulin injections?

# Resources for Therapeutic Carb Restriction

- [www.dietdoctor.com](http://www.dietdoctor.com)
  - Resources for patients all the way to providers
  - Free CME course on carb restrictions: <https://www.dietdoctor.com/cme>
    - Amazing handouts are available for use with completion of this course
  
- Low carb USA Clinical guidelines:  
<https://www.lowcarbusa.org/standard-of-care/clinical-guidelines/>
  
- Books: The Big Fat Surprise, Diabetes Code, Anti Anxiety Diet, The Complete Guide to Fasting

# Resources for Plant Based

- Mastering diabetes book, website and courses:

<https://www.masteringdiabetes.org/>

- Forks over knives:

<https://www.forksoverknives.com/>

- Low carb plant based:

Ketotarian <https://drwillcole.com/ketotarian/>

# Basic Diabetes Handouts

- Novo Nordisk patient resources. Excellent and free to print off:  
<https://www.novomedlink.com/diabetes-patient-support.html>
- Learning about diabetes:  
<https://learningaboutdiabetes.org/>
- Pregnancy nutrition and GDM: Lily Nichols RD, CDE
  - Books: Real food for pregnancy or Real food for Gestational Diabetes



# Poll: Action Steps

- I will talk to a colleague about what I learned today
- I will incorporate elements of nutrition into my assessment/interventions
- I will work to further integrate nutrition professionals into the team
- I will consider environmental impacts such as food insecurity in my clients care trajectory



# Center of Excellence for Integrated Health Solutions

**COVID-19 Office Hour Sessions and Resources** – Learn more on National Council's website; <https://www.thenationalcouncil.org/covid19/> & the CoE website here: <https://www.thenationalcouncil.org/integrated-health-coe/training-events/>

**Relias Online Trainings** – Learn more on our website here: <https://www.thenationalcouncil.org/integrated-health-coe/training-events/>

**Learning Communities and ECHOs** – Learn more on our website here: <https://www.thenationalcouncil.org/integrated-health-coe/learning-collaboratives/>

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