How to Have Sensitive Conversations Related to Food Security

The strategies provided in this document are evidence-based approaches to engaging in sensitive conversations with patients related to food security but can also apply to broader social determinants of health.

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1. Convey Empathy and Understanding

For many, expressing an inability to meet a basic need like food, can be particularly difficult. Sharing struggles with food security may evoke feelings of shame, fear, anxiety, low self-esteem, and depression.

Acknowledging a patient's difficulties; validating and normalizing the patient's experience; praising effort; and encouraging expression are all evidence-based strategies to convey empathy and understanding to your patient. Below are examples of these strategies as part of a food insecurity screening.

> ***Acknowledging difficulty:*** "That sounds very stressful and hard to sometimes not know if you will have enough food for you and your family."
>
> ***Validating and normalizing:*** "It is very difficult to feel as though you are working very hard but still don't have enough money for bills and food. Unfortunately, many people in our community also go through this."
>
> ***Praising effort:*** "It sounds like you are working very hard to have enough money for food and trying different strategies to fill in the gaps."
>
> ***Encouraging expression:*** "Can you tell me more about the ways you are making your budget work for you and your family? What kind of foods are you buying?"

Patient-centered communication, including the tenants of patient understanding, trust, and clinician-patient agreement, has been associated with a variety of improved care delivery and health outcomes. Greater patient trust, increased treatment plan adherence, better self-care skills, improved provision of guideline-concordant care, and appropriate counseling, lower health care costs have all been show to result from strong patient-centered communication, and, in-turn, improve patient health and well-being [1,2]. [3,4,5,6,7]

2. Utilize Positive Verbal and Nonverbal Communication

Positive verbal and nonverbal communication are ways to create an environment that is warm, comfortable and further a patients' trust and sharing with the health care professional.

When speaking with a patient about their food insecurity, be aware of your verbal and nonverbal communication. Below are examples of ways to incorporate positive verbal and nonverbal communication.

> ***Positive Verbal*:** Affirmative words such as "yes," "I understand," "That sounds difficult," "I appreciate you sharing your experience with me."

Positive Nonverbal: Nodding to affirm, eye contact (dependent on culture), sitting next to the client or at the same level as the client, leaning in to show engagement, etc.

Evidence for oncologists' verbal (i.e., confirming messages) and nonverbal (i.e., direct and inclusive speech) relational communication is directly associated with lower patient decision regret via the mediating effect of greater patient communication involvement [8]. [9,10,11,12,13]

3. Be Mindful of Biases Stemming from Personal Experiences; Reserve Judgement and Minimize Assumptions

Whether we are aware of them or not, each of us has our own set of biases. Biases form from our personal backgrounds, including our culture, race, religion, gender, sexual orientation, and class and can easily impact the way we interact with our patients.

Engaging in self-reflection and increasing your own self-awareness will help decrease judgement and minimize assumptions.

Evidence shows that increases in self-awareness and self-reflection can reduce bias and increase self-regulation [14,15,16]. [3,17,18,19,20,21]

4. Encourage Participation from the Patient and Empower Their Own Self-Management

Value the patient's own personal knowledge of their experiences, challenges, and health and incorporate this knowledge into the conversation.

Patient as a partner: "It looks like we were able to connect you with CalFresh at your last visit, but you've mentioned that you're still having a hard time getting enough food to eat. How can we help you supplement your family's food?"

Empowering the patient: "It sounds like you have already been able to provide a lot of healthy food for your family even though it has been really hard. I think that shows you are able to connect to these referrals and get even more healthy food that will help."

Encouraging participation and shared-decision making has a positive impact on action plan implementation [22]. [3,23,24,25,26,27,28]

5. Make Appropriate Referrals and Express a Willingness to Help

Helpful referrals to available food resources, including CalFresh, Women Infants and Children (WIC), School & Summer Meals, senior meal programs, and local food pantries can increase client self-efficacy. Be open to exploring barriers that would inhibit the patient from completing follow-up referrals and share any additional resources available.

Evidence shows positive behavior change when one implements techniques to explore barriers to achieving the referral and any facilitators that will help achieve the desired behavior [29]. [3,30,31]

6. Practice Culturally Competent Care: Be Mindful of How You & Your Patient's Culture Impact the Interaction

Becoming culturally competent is an ongoing, lifetime process, and not an endpoint. It requires continuous self-evaluation, skill development, and knowledge building about culturally diverse groups [19]. Consider language, tone, use of body language, silence, the patient's comfort with proximity to others, and your and the patient's cultural values and beliefs about health, illness, and food.

Evidence demonstrates that cultural and linguistic competency are critical components of quality and effective healthcare and has positive outcomes on health and well-being [32]. [33,34].

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