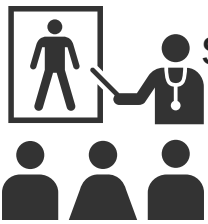


Stigma-Reducing Practices for the Community Health and Hunger Program

Stigma arises from placing blame on an individual for their situation and may dissuade patients from accessing the services they need

Educate Staff



Make sure providers understand the importance of screening for hunger in a healthcare setting, and give them a chance to practice so they are comfortable screening patients

Be Discrete

Tell patients that everyone is being screened for food insecurity and that their status is confidential. If there are no literacy issues, using a paper screening method is best practice



Practice Empathetic Inquiry



Using an empathetic, casual tone when discussing sensitive topics helps build trust between the provider and patients

Follow up with Patients

Navigating referrals can be complex. If possible, follow up with patients to ensure they have accessed the programs available to them after their clinical visit.



Be Mindful of Language Used



Use person-first language to avoid placing blame on patients (ex: "person suffering from food insecurity" vs. "food insecure individual")

Receiving assistance can harm self-efficacy and self-esteem. How can I convince patients to accept help?

- Frame assistance as a health care intervention by taking the time to help patients understand the connection between health and hunger
- Ask patients about their experience and barriers they face to accessing healthy food.
- Offer patients the choice of receiving food and/or a resource guide.
- Make sure patients know that there are enough bags on hand that their participation does not mean there are fewer resources for others
- Know where to refer patients for other social service needs such as housing or transportation. If you don't have this information on hand, refer to 211maine.org

Decreasing provider and patient stigma will encourage patients to accept help and take control of their health

