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KENNEDY, C.

2024

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Type 2 diabetes and food security: a mounting crisis with implications for community nurses

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The incidence and prevalence of type 2 diabetes (T2D) is increasing at an alarming rate across Europe and North America, presenting a mounting crisis and significant health challenges. Alongside the health challenges associated with T2D, the prevalence of household food insecurity (FI) is also increasing, exacerbated by the COVID-19 pandemic and the cost-of-living crisis.

Diabetes UK (2024) estimates that 5.6 million people are living with diabetes in the UK; an all-time high. It is estimated that 90% of them have T2D, with an additional 1.2 million people thought to be at risk or undiagnosed (Diabetes UK, 2024). Obesity is commonly linked to T2D, alongside other risk factors, such as age, ethnicity and family history. The social determinants of health—employment, income, poverty, education, access to healthy food and health care—are linked conclusively to an increased risk of developing several health conditions including T2D.

Food security requires physical, social and economic access to sufficient, safe and nutritious food to meet an individual's needs (Douglas et al, 2020a). For food insecure households, preventing or managing T2D presents added complexity, given the inextricable link between food availability, diet, the nutritional value of food and the need for diabetic control.

While the causes and risk factors are variable and complex, T2D is amenable to prevention, disease remission and effective management, and support (Nazarko, 2022). However, the risk of developing T2D is high when there is food insecurity, or a risk of it, and evidence suggests the management of most long-term conditions, including T2D, is challenging (Douglas et al, 2020b).

Community nurses provide support for many of the challenges faced by vulnerable people who are affected by a range of long-term conditions and may also be food insecure. Many people with T2D experience multimorbidity (Rosella et al, 2023); community nurses should be well placed to offer advice and signposting to support and resources in local areas. When identifying and supporting people who were food insecure, the exploration of health professionals' experiences and perspectives on food security and long-term conditions underscored a range of practical and ethical uncertainties. Diabetes was raised frequently and the key issues that emerged were: identifying who may be experiencing food insecurity and the lack of choice of appropriate and fresh produce if a food bank was being used (Douglas et al, 2020b).

Challenges for community nurses lie in identifying people who may be food insecure and its impact on their health and T2D. Poverty carries with it stigma, as does referral to, and the use of, food banks. Knowing when and how to raise such issues is skilled work. Notwithstanding concerns about the quantity and nutritional value of food provided through food banks, several other factors may require consideration. This includes the day-to-day challenges of managing T2D with poverty, travel involved in accessing fresh food, anxiety and depression, social circumstances and the lack of physical capacity to prepare food.

Diabetes is recognised as a public health problem of epidemic proportions in the 21st century, with clear links to other life-limiting conditions. This includes cardiovascular disease, stroke, renal failure and the risk of limb amputation. In the complex landscape of increasing multimorbidity, growing rates of obesity and younger age of diabetes onset, nurses in the community have an important role to play in diabetes prevention and management. To do so, they need education and knowledge of the risk factors, alongside detailed knowledge of the person's situation. Importantly, they require advanced communication skills to navigate complex and sensitive conversations. The community nursing workforce needs support to address the diabetes epidemic in the 21st century.

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