Submission Id: 4250

Title

Impact of the COVID-19 Pandemic on Addressing Food Insecurity in Rural Primary Care

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

Arvind Suresh, BA, Kayla Hatchell, MD, Maureen Boardman, APRN, ARNP, Chelsey Canavan, MSPH, Tiffany D'cruze, BA, Alka Dev, DrPH, MHS, Meaghan Kennedy, MD, MPH

Abstract

Context: Primary care practices are well-suited to address food insecurity (FI) in patients by conducting routine screening, hosting practice-based food programs, and connecting patients to community resources. Rural practices face unique barriers addressing FI, which may have been impacted by changes in clinic processes, resources, and food needs due to the COVID-19 pandemic. Objective: We sought to understand the impact of the COVID-19 pandemic on FI screening and interventions in rural primary care practices. Study Design and Analysis: We conducted thematic analysis of semi-structured qualitative interviews with practice staff using data from a larger mixed-methods study on FI in rural primary care during the pandemic. Setting: Rural areas of New Hampshire, Vermont, and Maine, USA. Population Studied: Clinicians and staff from rural (Rural-Urban Commuting Area Code >= 4) primary care practices in northern New England were recruited through three networks: a practice-based research network, a clinical and translational research network, and a practice-based network for federally qualified health centers. Instrument: A semi-structured interview guide created by the study team included questions regarding: 1) impact of the pandemic on FI screening and interventions; 2) changes to community resources and clinic-community partnerships; and 3) impact of the pandemic on patient food needs. Outcome Measures: Themes and exemplar quotes related to the impact of the pandemic on identifying and addressing FI in rural primary care were identified. Results: Thirteen staff and clinicians from unique rural primary care practices participated in interviews. Themes were organized around categories of Screening/Intervention Processes, Community Factors, Patient Factors, External Factors, and Practice Factors. Key themes included: 1) changes in screening and interventions due to telemedicine; 2) new and stronger connections between practices and community programs; 3) decreased patient stigma around accessing food resources; 4) new practice-based food programs facilitated by state and federal funding; and 5) greater practice prioritization of FI. Conclusions: Barriers to FI screening and interventions during the pandemic included geographic distance and loss of existing food programs. Facilitators included new community connections, decrease in stigma, and increased

funding. Identifying and addressing FI was a priority for rural primary care practices during the pandemic.