

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6444

### **Title**

*The role of primary care teams in identifying modifiable risk factors for food insecurity in rural dwelling older adults*

### **Priority 1 (Research Category)**

Screening, prevention, and health promotion

### **Presenters**

Krystal Kehoe MacLeod, PhD, Sarisha Philip, Samuel Tiukuvaara, Karen Ferguson, MD, Lauren Konikoff, MA, kyle sitka

### **Abstract**

Context: Food insecurity is the inability to acquire or consume an adequate diet quality or sufficient quantity of food in reliable and socially acceptable ways. There is a gap in the literature on understanding experiences of food insecurity in rural dwelling older adults and the role primary care providers can play in systematically screening older adults for age related food issues. Objective: This study identifies triggers of food insecurity in rural dwelling older adults, describes preferences of older adults regarding food insecurity screening, and details older adults' perceptions of the roles of different primary care providers in identifying and intervening in food access issues. Study Setting, Population, Design and Analysis: In partnership with a Family Health Team (FHT) in rural Ottawa, Canada, we recruited older adults (65+) (n=13) and caregivers (n=2) to participate in 1-hour semi-structured interviews to discuss the impact of aging on food access and consumption and their preferences for a food insecurity screening and intervention in a primary care setting. Data were analyzed using reflexive thematic analysis. Intervention: Our findings have been used to refine a food insecurity screening and assessment tool that we co-designed, pilot tested, and evaluated in partnership with community paramedics embedded in a FHT in 2023-24. The resulting tool will be pilot tested in FHT clinical settings and eventually validated in a randomized clinical trial. Results: Common triggers of food insecurity in this older adult population were loss of a life partner, loss of a driver's license, onset of debilitating health problems contributing to reduced mobility, low income status, mental health issues, and difficulty and lack of motivation to prepare meals. Older adults prefer to have face-to-face conversations about challenges with food but felt that their family doctor was not the right person to help. Most felt that their interactions with dietitians had been unhelpful. Perspectives of the roles and possibilities of using personal support workers for food screening and support were mixed. Conclusions: Older adults identified key trigger points for food insecurity associated with aging and which and how primary care

providers could be involved in screening for food issues before they contribute to poor health outcomes. Incorporating the perspectives of older adults into the co-design of our tool is essential to ensure its effectiveness and acceptability.

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