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Barriers to a Healthy Diet in an Urban, Underserved Primary Care Clinic and how Food Insecurity Impacts These Barriers

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Background

- 33.8 million Americans face food insecurity, severely impacting patient health [Weeks]
- Food insecurity has a direct, strong relationship with poor diet quality [Rivera]
- People with food insecurity are more likely to eat more fatty acids, empty calories, sugary drinks and are less likely to cook at home; more likely to eat fast food [McCullough][Wright]
- Diet quality in urban, underserved, and minority population: historically of lower quality than diet in higher socioeconomic populations [Bishop]
- Diet quality is multifactorial: economics, systemic racism, education, lack of access to grocery stores, and cultural/familial food practices [Bishop]
- Scant research available concerning patient-reported barriers to quality diet

Purpose

- Identify barriers to obtaining a healthy diet in an urban, underserved patient population
- Compare barriers to a healthy diet in those who are at risk for food insecurity and those who are not at risk

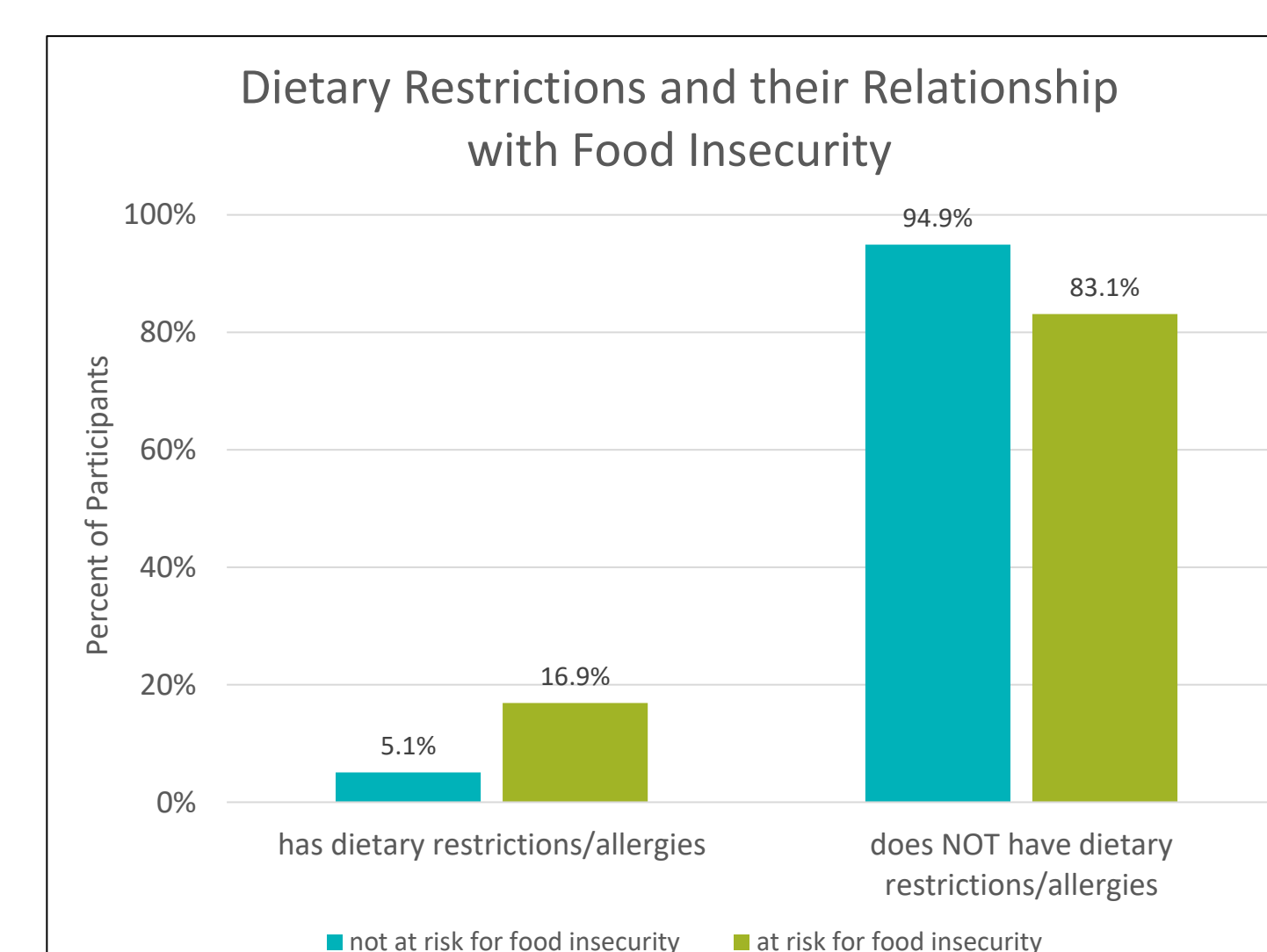
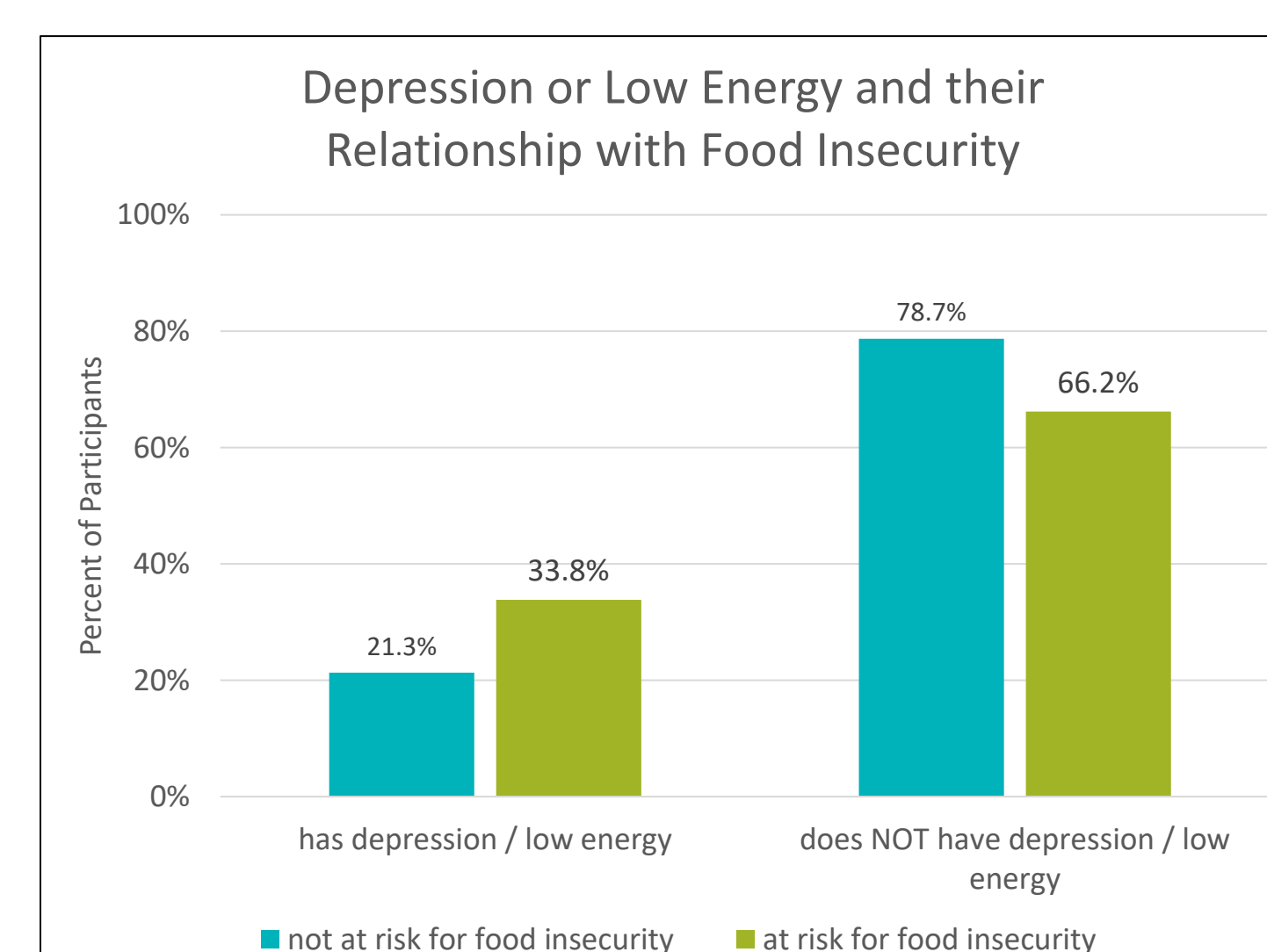
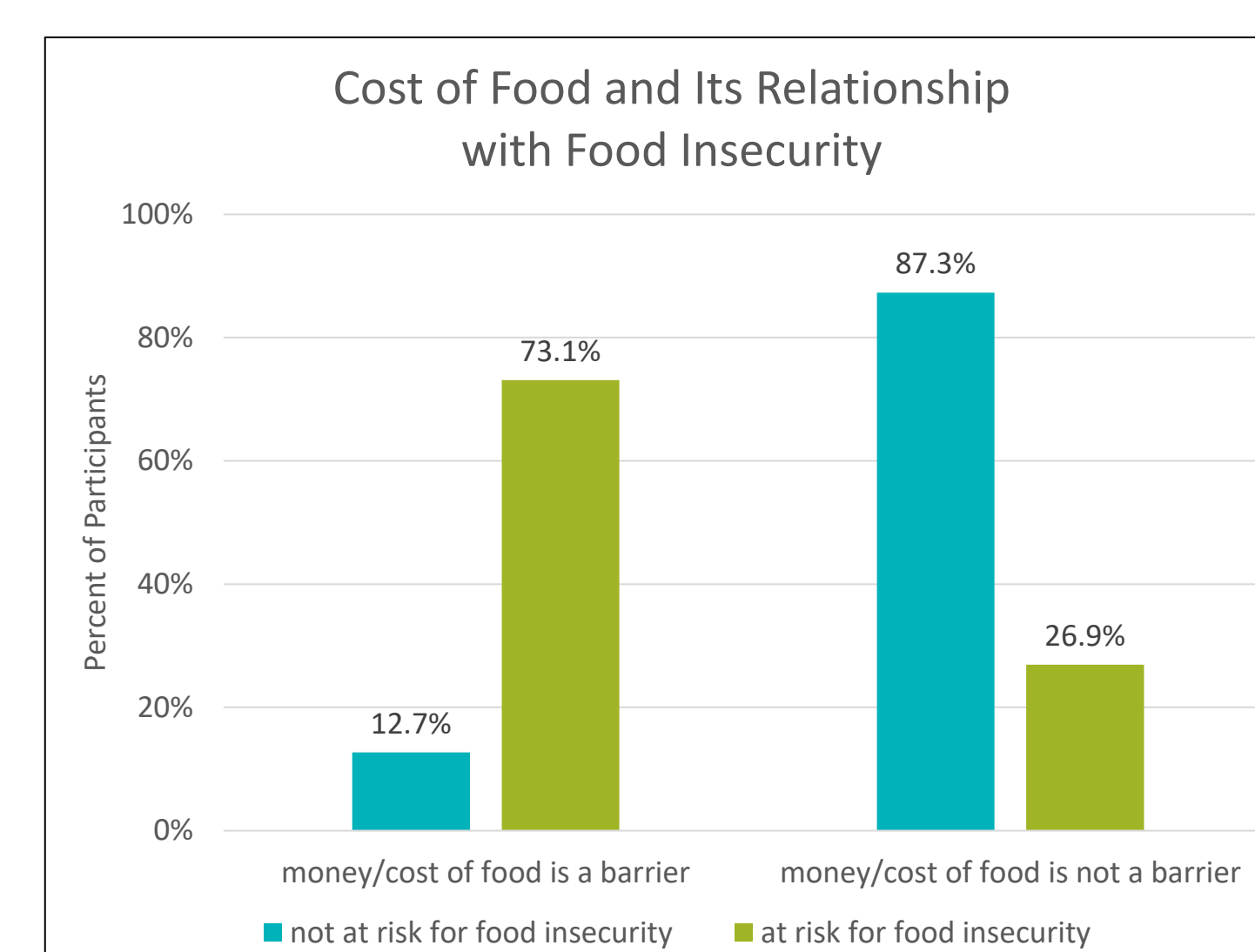
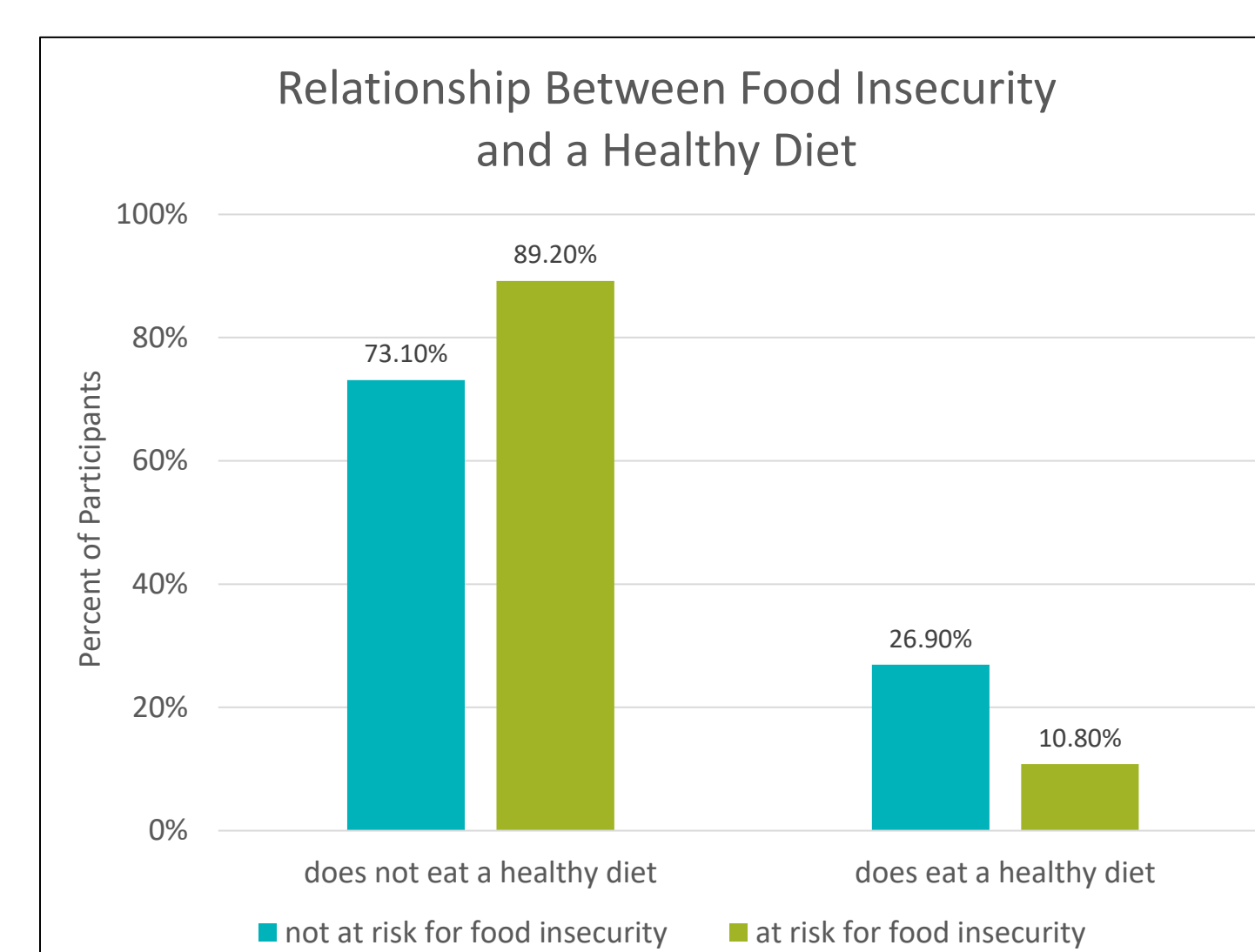
Methods

- 355 patients (81% response rate)
- Urban underserved midwestern primary care clinic
- Ages 19+
- Cross-sectional, self-administered survey
 - Rapid Eating Assessment for Patients—shortened version (REAP-s)
 - Hunger Vital Sign screen
 - Demographic information
 - Questions about barriers to a healthy diet
- Descriptive statistics
- Chi Square tests of Independence were used to evaluate the relationship between barriers to a healthy diet and risk for food insecurity

Results

		#	%
What is your gender?	Male	71	21.2%
	Female	262	78.2%
	Non-binary	2	0.6%
What is your ethnicity?	Hispanic or Latino/a	15	4.6%
	Not Hispanic or Latino/a	311	95.4%
What is your race?	American Indian or Alaska Native	3	0.9%
	Asian	3	0.9%
	Black or African American	168	51.7%
	Native Hawaiian or Other Pacific Islander	0	0.0%
	White	129	39.7%
	Other	5	1.5%
	More than one race indicated	17	5.2%
		Mean	SD
What is your age?		48.23	17.5
BMI		32.49	8.7

- A significantly higher percentage of patients not getting a healthy diet are facing food insecurity ($p < 0.001$)
- Cost of food is the most frequently reported barrier; disproportionately represented by the group at risk for food insecurity ($p < 0.001$)
- Depression and low energy have a strong relationship with food insecurity ($p < 0.012$)
- Those with dietary restrictions are at greater risk for food insecurity than those without dietary restrictions ($p < 0.001$)



Discussion

- Patients in a midwestern, urban, underserved primary care clinic are struggling to obtain a healthy diet.
- Food insecurity is a strong risk factor for poor quality diet.
- Poor diet quality identified as a major cause of cardiometabolic, musculoskeletal, immunologic, oncologic, neurologic, and psychiatric illness.
- Unless primary care physicians partner with their communities to address food insecurity, these barriers to healthy diets will have a greater influence on their patient's health than those with food security.
- PCPs can identify food insecurity risk in their patients via screening, partner with community assets, and leverage this knowledge to improve their patients' health.
- Future qualitative research is needed locally to partner with community members and leaders to find specific solutions to specific barriers to healthy diet in our communities.
- This could be one-on-one interviews, group interviews, and small meetings to devise strategies that can be effective locally.
- If we are to stand up for our patient's health, we must stand up for their diets and their access to high quality food in our communities.

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