

Barriers and Facilitators to Addressing Food Insecurity in Rural Primary Care Practices in Northern New England

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Practices were recruited via the following northern New England practice networks:

- The Dartmouth CO-OP Northern New England Primary Care Practice-Based Research Network
- The Bi-State Primary Care Association
- The Northern New England Clinical and Translational Research Network

Table 1. Characteristics of primary care practices and respondents (n=13)

Practice Characteristic	N (%)
Respondent role	
Provider	5 (38.5%)
Resource specialist or CHW	3 (23.1%)
Administrator	3 (23.1%)
Other practice role	2 (15.4%)
Practice type	
Hospital-affiliated	6 (46.2%)
FQHC	4 (30.8%)
Private practice	2 (15.4%)
Other	1 (7.7%)

CHW: community health worker; FQHC: federally qualified health center

Table 2. Additional preliminary themes and exemplary quotes from interviews with rural practice clinicians and staff (n=13)

Theme	Exemplary quote
Barrier: Lack of patient engagement with practices or community resources.	“I think sometimes people are really in the moment, and if they get handed a Green Bag, they're happy to take it, but they don't really follow up with the community health team the way maybe they should.” – Administrator
Barrier: Practice consistency in performing FI screening.	“In the screening process, I think it's really just time and making sure that people actually follow the process. Sometimes we feel like we're rushed, and we have a lot of things going on. Making sure that people actually do the screening, that's the only barrier. Everything else I think falls into place once the screening's done.” – Administrator
Barrier: Large service area of rural practices.	“Again, we're in an area that covers nearly 2,200 square miles, so it's a huge region to keep up with the different resources that are available in each of the communities.” – Administrator
Barrier: Limited hours and poor accessibility of community food resources.	“... and then timing for being able to access the pantry if people work or they just don't know the ... Kind of back to education, but definitely we have very obscure hours for our food pantries because they're all volunteer led.” – Administrator
Facilitator: Strong connections with community resources.	“Through the community health team, we are very connected to what resources are available out there. We're sharing

	information all the time, as far as what new resources are out in the community, so that we can better inform the patients when we have that arise.” – Resource specialist or community health worker
Facilitator: Farms increase food availability in rural communities.	“I do know that the [name of local food kitchen] has vegetables and fruits in their meals because local farmers will donate in the summer to them. I do know that.” – Provider

Acknowledgements:

We would like to thank the Dartmouth CO-OP Northern New England Practice-Based Research Network and Rural PREP for supporting this study.

This study was supported by the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement #UH1HP29966. The information, conclusions and opinions expressed in this presentation are those of the authors and no endorsement by BHW, HRSA or HHS is intended or should be inferred.



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