

**Conclusion** The diet score was a good approximation of dietary quality and demonstrated a positive relationship between an unhealthy diet and markers of poorer cardiometabolic health. The measure can be used to examine dietary patterns within the UKB and explore their relationship with a range of outcomes.

OP84

#### ADAPTING THE ONLINE DIETARY ASSESSMENT TOOL (MYFOOD24) FOR INDIGENOUS COMMUNITIES IN THE PERUVIAN AMAZON TO RESEARCH FOOD BIODIVERSITY AND CLIMATE CHANGE RESILIENCE

<sup>1</sup>Carol Zavaleta-Cortijo\*, <sup>1</sup>Rosalía Montero, <sup>1</sup>Rosa Silvera, <sup>1</sup>Andrea Valdivia-Gago, <sup>2</sup>Delfina Catip, <sup>2</sup>Rocilda Nunta, <sup>3</sup>Connie Fernandez, <sup>4</sup>Guillermo Lancha, <sup>4</sup>Pedro Pizango, <sup>5</sup>Juan-Pablo Aparco. <sup>1</sup>Facultad de Salud Pública (FASPA), Universidad Peruana Cayetano Heredia, Lima, Peru; <sup>2</sup>Programa Mujer, Asociación Interétnica de Desarrollo de la Selva Peruana (AIDSESP), Lima, Peru; <sup>3</sup>Hospital Santa Gema, Dirección Regional de Salud Loreto, Yurimaguas, Peru; <sup>4</sup>Pueblo Shawi, Yurimaguas, Peru; <sup>5</sup>Centro Nacional de Alimentación y Nutrición (CENAN), INS, Lima, Peru

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**Background** Over the past ten years Amazon region has experienced multiple environmental changes including high rates of deforestation, and more frequent ‘once in a century’ extreme weather events. Despite this it is still not clear how these events effect food biodiversity, local diets and nutrition of Amazon Indigenous people. Information on food consumption is urgently needed, especially to identify key Amazonian Indigenous foods which may increase nutritional resilience to extreme climate events. Technological tools represent a potential feasible solution to measure diet for population studies. We have partnered with International researchers, local nutritionist, Indigenous leaders and community members to adapt a digital tool to support dietary measurement in Amazonian Indigenous communities.

**Methods** The adaptation had three stages. First working with an international multidisciplinary committee, we identified and compiled existing food composition databases to create a database for the Peruvian *myfood24* version to use with communities of Shawi ethnicity. Seven food composition tables were identified, and permission was requested for two cases where information was not public. Six food composition tables, one academic publication and one peruvian report about amazon food species, were used for generating a food composition database. Second, using *myfood24* guidelines, we completed a data base using Access software. This process involved cleaning and removing duplicate food items, including conversion values (from raw to cooked foods) and calculations for potential nutrient losses on cooking. We used a series of six online focus groups meetings with three peruvian nutritionists, including one nutritionist expert on the Shawi diet, to identify portions, and combinations. Finally, during a workshop with five local community members, a list of Shawi foods were validated, and food preparation was characterised to develop recipes and to take pictures for use in the online tool.

**Results** The peruvian food composition database to be used with the Shawi communities included a total of 1042 food items, with information for 14 key nutrients. These foods were split into fourteen food categories. Seventy-six possible options on how food is eaten together, and 43 portion measurements were validated in the focus groups. 114 food items were identified in the workshop as commonly consumed by

Shawi, with five forest animal foods proving the highest level of iron per 100 g: palm larvae (3.6mg), armadillo (3.5mg), deer (3.5mg), paca (3.4mg) and agouti (3.4mg).

**Conclusion** A comprehensive Peruvian Food Composition Database with a focus on Shawi diet has been created. This data has been incorporated within the online dietary assessment tool, *myfood24*. A photo Album and recipes will be completed over the next weeks. The new tool will be useful to understand how food and nutrient intakes in this vulnerable population are affected by climate change events.

Friday 17 September

Primary Care, 13.00 – 15.30

OP85

#### GENERAL PRACTITIONERS WORKING IN OR ALONGSIDE EMERGENCY DEPARTMENTS IN ENGLAND: A QUALITATIVE STUDY OF GENERAL PRACTITIONERS' PERSPECTIVES

<sup>1</sup>Helen Anderson\*, <sup>1</sup>Arabella Scantlebury, <sup>1</sup>Heather Leggett, <sup>2</sup>Heather Brant, <sup>2</sup>Sarah Voss, <sup>2</sup>Jonathan Benger, <sup>1</sup>Joy Adamson. <sup>1</sup>Department of Health Sciences, University of York, York, UK; <sup>2</sup>Faculty of Health and Applied Sciences, University of the West of England, Bristol, UK

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**Background** Up to 40% of Emergency Department attendances could be managed in primary care. In response, policies have led to the introduction of General Practitioner Services in/ alongside Emergency Departments in England. Our aim was to capture General Practitioners' perspectives of the service and their experiences in order to identify factors which may support or hinder General Practitioners working in Emergency Departments.

**Methods** Qualitative study of 10 case sites where GPs were working in/alongside Emergency Departments at NHS sites in England. Data consisted of 186 direct non-participant observations and 226 semi-structured interviews with 191 health professionals, 42 of which were General Practitioners. This paper reports on a thematic analysis of 42 GP interviews and observations relating to GP practice.

**Results** Both system issues and individual characteristics influenced how General Practitioners viewed and experienced working within or alongside Emergency Departments. Themes identified were: A different kind of GP; Disillusionment with primary care; New ways of ‘doing’ general practice - portfolio working; A reciprocal relationship; Practical barriers and facilitators; Unintended consequences – impact on primary care. General Practitioners working in Emergency Departments saw personal benefits (flexible and portfolio working; less stressful and more supportive environment than traditional general practice; broadening of skills and experience) and systems benefits (sharing their knowledge and skills with secondary care; taking secondary care skills learned into primary care work; prolonging experienced General Practitioners' working life and enthusing younger General practitioners). They also identified negative aspects. General Practitioners working in Emergency Departments saw themselves as different to ‘usual’ General Practitioners and were sceptical that a critical mass of General Practitioners willing and able to staff Emergency Departments effectively could be reached and sustained. There were remuneration and practical employment issues such as dysfunctional IT systems and