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**Title**

*Examining a clinic-based referral program to address food insecurity: A multi-stakeholder qualitative study of implementation*

**Priority 1 (Research Category)**

Social determinants and vulnerable populations

**Presenters**

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**Abstract**

Context: Food insecurity is a non-medical, health-related social need that is associated with multiple chronic conditions and lower self-reported health. Clinic-based food referral programs (FRPs) may help alleviate food insecurity and improve access to healthy foods by systematically identifying and referring food-insecure primary care patients to local food pantries. However, prior work indicates that FRPs are underutilized, indicating a need for greater understanding of the barriers limiting FRP uptake and engagement. Objective: Examine the factors that facilitate and impede primary care clinicians from using FRPs. Study Design: Qualitative study using semi-structured interviews and thematic analysis using the Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) framework. Setting: Primary care clinics in an academic medical center (AMC) and a regional foodbank located in a large metropolitan region of Ohio. Population Studied: AMC clinicians and administrators (n=20) and foodbank staff members (n=11). Intervention: The Mid-Ohio Farmacy (MOF), a FRP offered to patients who screen positive for food insecurity and have a qualifying chronic condition (e.g., diabetes). Results: Reliable transportation and stigma associated with food pantries were perceived as patient-level barriers to MOF use. Clinician-reported barriers to making MOF referrals included time constraints and not knowing whether patients were going to and benefitting from the food pantries. Despite these barriers, having a streamlined referral process and staff-level program champion who would proactively screen and educate patients about the MOF helped to facilitate referrals. Foodbank staff members noted similar facilitators including having champions at the food pantries to engage in outreach. They also recognized the importance of collecting and sharing data about patient food pantry utilization with the AMC to ensure program success. However, challenges associated with sharing protected health information across organizations can make it difficult for foodbank staff members to tailor food pantry offerings to meet the health needs of patients referred through the MOF. Conclusions: This study identifies implementation factors that contribute to and detract from the reach and effectiveness of a clinic-based FRP. These findings highlight opportunities to refine processes and inform other FRP models to maximize program uptake and potential for impact.