

BRIEF REPORT

Perspectives From Patients Using a Food Pantry in a Family Medicine Residency Clinic: A Qualitative Study

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HOW TO CITE: Schutz LN, Brown SR. Perspectives From Patients Using a Food Pantry in a Family Medicine Residency Clinic: A Qualitative Study. *Fam Med*. 2024;56(9):584–587. doi: [10.22454/FamMed.2024.613582](https://doi.org/10.22454/FamMed.2024.613582)

PUBLISHED: 9 August 2024

KEYWORDS: food insecurity, primary care

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ABSTRACT

Background and Objectives: Food insecurity is common in patients receiving care in primary care offices. Some health systems and primary care offices provide food directly to food insecure patients. Our family medicine residency clinic started a food pantry to directly address this social determinant of health. We aimed to understand the reasons patients in primary care visited our food pantry and their impressions of food available directly in a primary care office.

Methods: We conducted semistructured interviews with 21 patients obtaining food from our food pantry. We recorded and transcribed the interviews, and analyzed them with an editing organizing style to highlight noteworthy segments, recognize patterns, and understand important themes.

Results: Patients reported numerous barriers to obtaining healthy food, including cost, transportation, and time. Life-changing events often led a patient to a food pantry, and patients often prioritized family members when addressing food insecurity. Food pantry users appreciated the convenience of obtaining food at a medical visit and felt supported by healthy food that aligned with a message received from their physician.

Conclusions: Food insecure patients face many barriers to obtaining healthy food. A colocated food pantry in a primary care office helps address barriers, is convenient, and is appreciated by patients using the service.

INTRODUCTION

Recognizing and addressing social determinants of health (SDoH) is essential for promoting health equity.^{1,2} Important SDoH include housing, transportation, education, and access to nutritious foods.¹ The Accreditation Council for Graduate Medical Education requires residents to be aware of and address SDoH.³ However, numerous barriers to addressing SDoH exist, including lack of resident training or knowledge, and lack of community resources.⁴

Food insecurity is a major public health concern.⁵ Of people in the United States, 10.2% are food insecure,⁶ and rates of food insecurity are higher in cities and in Black and Hispanic households.⁷ Food insecurity is associated with diabetes,⁸ obesity, myocardial infarction, and multimorbidity.^{9,10}

Government programs provide support to minimize hunger, but resources may be difficult to obtain.^{11,12} Local food pantries help food insecure households by providing a short-term food supply when needed.¹³ However, food pantry use has many barriers, and food is of inconsistent nutritional quality.^{14–16}

Primary care offices increasingly address SDoH through screening, community partnerships, patient education, and referrals. Patients are comfortable discussing SDoH during office visits.^{17,18} Food pantry referrals are acceptable to patients,^{17–19} but a disconnect often exists between primary care offices and community-based organizations.²⁰

Some health systems directly address food insecurity.²¹ Organizations have created food pantries in hospitals or medical offices.^{22–25} Data on the benefit of food pantries in primary care offices is limited, and no reports of a food pantry within a family medicine residency clinic have been published.

We established the Banner Family Food Pantry in April 2023 within a family medicine residency clinic in Phoenix, Arizona, to address an important SDoH. Residents have protected time and work with faculty and staff to collaborate with a local food bank and a local produce cooperative. From April 2023 through June 2024, the pantry provided fresh produce and healthy nonperishable food to 2,782 households and 8,505 individuals.

We designed a qualitative study using semistructured interviews to understand patients' experiences with food insecurity and the impact of having access to healthy food in a

family medicine residency clinic.

METHODS

Study Setting and Participants

We invited English-speaking people over the age of 18 years who attended our clinic-based food pantry to an interview. The food pantry is open to community members, but most users are clinic patients. We asked attendees their zip code and their household size. The University of Arizona Institutional Review Board approved the study (00002615).

Data Collection

One of us (L.N.S.) conducted semistructured interviews with a convenience sample of pantry visitors in May and June 2023 who requested food while L.N.S. was present. All patients consented to interviews. One interview was conducted over the phone. The interview guide, created after a literature review, is shown in [Table 1](#). The interviews ranged from 4 to 26 minutes.

TABLE 1. Interview Guide

| |
|---|
| Can you start by telling me a little bit about your household and/or living situation? |
| What brought you to the food pantry today (short-term/long-term)? |
| What are the main ways that you obtain food for your household? |
| Have you felt worried that you might run out of food or cannot buy enough for your household? |
| What are the main barriers to purchasing and obtaining food in your community? |
| What are your thoughts on having access to food through a food pantry at your primary care office? |
| Do you feel like having access to healthy food through your doctor's office will have a positive impact on your health? |

Analysis

We audio recorded, transcribed, and analyzed the interviews using the editing organizing style.²⁶ We selected the editing organizing approach because it is a commonly used method for analyzing short interviews to understand the rich experience of participants. We (L.N.S. and S.R.B.) listened together to the recordings for initial deep engagement and reflection. We then individually read through each interview and highlighted noteworthy segments most relevant to understanding the experience of those with food insecurity. We handwrote comments (reflective observations)²⁶ in the margins of the transcripts to explain segment relevance. We compared our margin comments and identified patterns to formulate themes.

RESULTS

The 21 patients interviewed came from 14 zip codes and lived in households of one to eight people. We found four main themes: (a) barriers to accessing healthy food, (b) prioritization of food for family members, (c) life-changing events leading to food insecurity, and (d) the value of obtaining healthy food from the office. We highlight exemplary quotes in [Table 2](#).

Barriers to Accessing Healthy Food

Three main barriers are apparent for people attempting to access healthy food: cost, transportation, and time. Food costs are a major concern. Interviewees noted that healthy food is often more expensive. Another common challenge facing food insecure patients visiting the pantry is lack of transportation. Additionally, healthy eating takes a substantial time commitment. Many participants demonstrated substantial knowledge of the benefit of healthy foods and enjoy eating healthy foods but often lack resources to obtain and prepare it.

Prioritization of Food for Family Members

Respondents emphasized the prioritization of family members. Family members often are caring for others, including parents, partners, children, and grandchildren. Interviewees described putting the food needs of family members before their own.

Life-Changing Events

Many patients visiting the food pantry were experiencing challenging life-changing events that changed household food needs, including death of family members, worsening health, job changes, disability, changes in government benefits, or loss of housing.

Accessibility Through Primary Care

The interviews demonstrated the benefit of obtaining food at a primary care office. An in-clinic food pantry provides both accessibility and convenience, while also aligning with food suggestions from their doctor.

DISCUSSION

Patients using a food pantry in a primary care office noted numerous barriers to accessing healthy food, including transportation, cost, and time. Patients appreciated a food pantry at the primary care office because it showed care by the clinic for the patients, was convenient, and sent positive messages of health and the importance of healthy eating.

Minimal literature is published on food pantries in primary care offices, and limited data is available regarding perspectives of patients using this service. One hospital-based program found that patients expressed feeling comfortable, trusting the food, having high satisfaction with food quality, finding it convenient, lacking stigma, and helping them eat more fruits and vegetables.²³ At a food pantry in a pediatric primary care office, families felt positively about the program and reported an increased trust.²⁴ One publication detailed the logistics of creating a food pantry at a federally qualified health center (FQHC) but did not describe the patient experience.²⁵

A key contribution of our study is the use of qualitative methodology to gain an improved understanding of why patients use an office-based food pantry. Understanding why patients use a pantry could help others design innovations and interventions to address food insecurity. While more research is needed to understand how a colocated food pantry might improve patient health and well-being, our findings imply that a food pantry in a primary care clinic addresses an important

TABLE 2. Themes From Qualitative Analysis of Interview Transcript and Examples

| Theme | Examples |
|--|--|
| Barrier: cost | “Just the pricing of everything nowadays. A lot of the stuff, the stuff I want to get my daughter, the healthier options, but sometimes healthier is not always the cheapest option.” (Interview 1) “The cost of it. It’s pretty expensive to try and eat healthier.” (Interview 19) “I was taught to make our food stretch.” (Interview 19) |
| Barrier: transportation | “I don’t drive, my husband does, so it’s mainly where I can get the food is where I go.” (Interview 4) “I don’t have a car. Whenever my son can, he might take me, but then that’s maybe, you know, I may be needing something right then.” (Interview 12) |
| Barrier: time | “My husband, he works 8am to 8pm most days and sometimes 7 days a week . . . he doesn’t have any time to go shopping.” (Interview 2) |
| Prioritization of food for family members | “A little food. That helps me. It goes long way. Especially my grandson and how he eats.” (Interview 9) “We need food . . . it’s not just us, but her son, you know. I have a 14-year-old son that looks like he’s 21. We’re not trying to limit anything away. She’s trying as hard as she can.” (Interview 21) |
| Life-changing events | “My husband is disabled and this summer we had my granddaughter. That’s why I stopped for the food.” (Interview 10) “I just recently lost my job and I was under pressure. I won’t have no cash here tomorrow. That’s why I’m here. I’m glad I had a doctor’s appointment today and found out about this.” (Interview 16) |
| Value of accessibility through primary care office | “This makes it a one stop shop. I’m already here, might as well come home with some groceries.” (Interview 2) “That makes it easier, because you’re coming by and then you can just pick it up on the way out. The doctor is always talking to you about being healthier. So that was, it’s like, okay, I can start acting on what I was just advised to do.” (Interview 10) “That’s real convenient. I don’t have to search for it.” (Interview 16) |

SDoH by removing barriers to healthy food access. Involving resident learners in the maintenance of a food pantry also contributes to SDoH education.

Health systems can help alleviate food insecurity by directly providing healthy food to patients in need. Our study shows that a food pantry in a primary care office reduces barriers, builds relationships with patients, and improves the availability of healthy food. We highlighted the benefits and added to the lessons learned²⁵ to assist others who are considering a primary care-based food pantry.

Our study has several limitations. We interviewed only English-speaking patients, which limits the generalizability to all populations. Our small convenience sample of patients may introduce selection bias and might not be representative of other primary care patients experiencing food insecurity. Additional research at multiple sites could help validate our findings. We could have improved the trustworthiness of our qualitative findings by corroborating our themes with perspectives from additional study participants.

CONCLUSIONS

Food insecurity is associated with poor health outcomes, and food insecure patients in a primary care office have many barriers to obtaining healthy food. A colocated food pantry in a family medicine residency clinic directly intervenes to improve an important SDoH and is well-received by patients. Primary care offices may benefit from the addition of integrated food pantries.

Presentations

- ▶ Arizona Health Equity Conference, Phoenix, AZ, September 21, 2023.
- ▶ Society of Teachers of Family Medicine Medical Conference on Medical Student Education, February 8, 2024.

REFERENCES

1. Healthy People 2030. Social determinants of health. *U.S. Department of Health and Human Services*. 2024. <https://health.gov/healthypeople/priority-areas/social-determinants-health>.
2. Katz A, Chateau D, Enns JE. Association of the social determinants of health with quality of primary care. *Ann Fam Med*. 2018;16(3):217–224.
3. Common Program Requirements. *Accreditation Council for Graduate Medical Education*. 2024. https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2023.pdf.
4. Wright KM, Ravenna P, Wheat S, Villarreal CM, Clements DS, Cronholm PF. Social determinants of health in family medicine residency: a national survey of program directors. *Fam Med*. 2024;56(2):102–107.
5. What Is food insecurity?. *Feeding America*. 2024. <https://www.feedingamerica.org/hunger-in-america/food-insecurity>.
6. Reduce household food insecurity and hunger-NWS-01. *U.S. Department of Health and Human Services*. 2024. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating/reduce-household-food-insecurity-and-hunger-nws-01>.
7. Food security and nutrition assistance. *U.S. Department of Agriculture*. 2024. <https://www.ers.usda.gov/data-products/ag-and-food-statistics-charting-the-essentials/food-security-and-nutrition-assistance>.
8. Diabetes and food insecurity. *Centers for Disease Control and Prevention*. 2024. https://www.cdc.gov/diabetes/healthy-eating/diabetes-food-insecurity.html?CDC_AAref_Val=https://www.cdc.gov/diabetes/library/features/diabetes-and-food-insecurity.htm.
9. Kantilafti M, Giannakou K, Chrysostomou S. Multimorbidity and food insecurity in adults: a systematic review and meta-analysis. *PLoS One*. 2023;18(7):288063.
10. Salinas-Roca B, Rubió-Piqué L, Carrillo-Álvarez E, Franco-Alcaine G. Impact of health and social factors on the

- cardiometabolic risk in people with food insecurity: a systematic review. *Int J Environ Res Public Health*. 2022;19(21):14447.
11. Sheridan M, Ferrant C. Participation in the women, infants and children (WIC) program: a synthesis of the literature. *SciencesPo*. 2022. <https://sciencespo.hal.science/hal-03521082>.
 12. Leung CW, Hoffnagle EE, Lindsay AC. A qualitative study of diverse experts' views about barriers and strategies to improve the diets and health of Supplemental Nutrition Assistance Program (SNAP) beneficiaries. *J Acad Nutr Diet*. 2013;113(1):70–76.
 13. Bazerghi C, McKay FH, Dunn M. The role of food banks in addressing food insecurity: a systematic review. *J Community Health*. 2016;41(4):732–740.
 14. Ginsburg ZA, Bryan AD, Rubinstein EB. Unreliable and difficult-to-access food for those in need: a qualitative and quantitative study of urban food pantries. *J Community Health*. 2019;44(1):16–31.
 15. Wong K, Wright RA, Wimer C. The cost of free assistance: why low-income individuals do not access food pantries. *J Sociol Soc Welf*. 2016;43(1):71–93.
 16. Oldroyd L, Eskandari F, Pratt C, Lake AA. The nutritional quality of food parcels provided by food banks and the effectiveness of food banks at reducing food insecurity in developed countries: a mixed-method systematic review. *J Hum Nutr Diet*. 2022;35(6):202–203.
 17. Palakshappa D, Doupnik S, Vasan A. Suburban families' experience with food insecurity screening in primary care practices. *Pediatrics*. 2017;140(1):20170320.
 18. O'loughlin K, Shadowen HM, Haley AD. Patient preferences for discussing and acting on health-related needs in primary care. *J Prim Care Community Health*. 2022;13:21501319221115946.
 19. Bottino CJ, Rhodes ET, KREATSOULAS C, COX JE, FLEEGLER EW. Food insecurity screening in pediatric primary care: can offering referrals help identify families in need?. *Acad Pediatr*. 2017;17:497–503.
 20. Runkle NK, Nelson DA. The silence of food insecurity: disconnections between primary care and community organizations. *J Patient Cent Res Rev*. 2021;8(1):31–38.
 21. Veldheer S, Scartozzi C, Knehans A. A systematic scoping review of how healthcare organizations are facilitating access to fruits and vegetables in their patient populations. *J Nutr*. 2020;150(11):859–861.
 22. Preventive food pantry. *Boston Medical Center*. 2024. <https://www.bmc.org/nourishing-our-community/preventive-food-pantry>.
 23. Greenthal E, Jia J, Poblacion A, James T. Patient experiences and provider perspectives on a hospital-based food pantry: a mixed methods evaluation study. *Public Health Nutr*. 2019;22(17):261–264.
 24. Hickey E, Phan M, Beck AF, Burkhardt MC, Klein MD. A mixed-methods evaluation of a novel food pantry in a pediatric primary care center. *Clin Pediatr (Phila)*. 2020;59(3):278–284.
 25. Reinoso D, Haut D, Claffey S. Addressing food insecurity: lessons learned from co-locating a food pantry with a federally qualified health center. *Int J Integr Care*. 2022;22(3):24–24.
 26. Crabtree BF, Miller WL. *Doing Qualitative Research, 3rd edition*. Sage; 2022.