Reviewer’s report

Title: Beyond clinical food prescriptions and mobile markets: parent views on the role of a healthcare institution in increasing healthy eating in food insecure families

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Reviewer: Pernilla Sandvik

Reviewer's report:

This study sought to identify barriers and facilitators for fruit and vegetable consumption among food-insecure families, particularly regarding children's intake. Further, according to a patient-centered model of care it aimed to elicit solutions from the caregiver's perspective. Overall I found this to be a really well-written paper that cover an important topic. I have some questions and suggestions that are listed below.

It is somewhat unclear if focus is specifically what health care can do or solutions in general. Specifically, since the suggested solutions range from policy to individual. Could it be emphasized in the title that focus is what healthcare institutions could do?

You describe that parents and caregivers of patients were recruited. In what way were they patients? Were they on regular health check-ups/growth monitoring? Or could did it also include patients with health conditions which could affect the result somehow? It is also not clear to me how frequently they visited the clinic? Given that some suggestions were to have onsite fruit and vegetables at the clinic to hand out.

What age were the children in the families?

Could you give more details of the semi-structured guide? Or provide it in a table or as a supplement?

Could you shortly explain community-based participatory research methods.

I suggest restructuring Table 2. It would be more clear if the table was structured in line with the result section. So when reading it's easier to follow the table. This could be done by having "barriers addressed" in the first column and "SE model level" in the third and putting the results in the table the same order as they are presented in the text.

The discussion could be strengthen. Particularly the first part focusing on the barriers. For instance there are studies focusing on children's picky eating in low-income families e.g. Harris et al., 2019 (https://doi.org/10.1016/j.appet.2019.03.005). I also think this review by Peeters & Blake, 2016 is highly relevant (https://link.springer.com/article/10.1007/s13668-016-0167-5). Further, I find it interesting how the participants see health care providers as advocates for such a broad span of issues and that suggested solutions were all the way up to policy level. Would be interesting to
hear a discussion around this. Is it because your participants were frequent visitors? Does health care have this important role in other studies?

Why is the socio-ecological model used? Could you integrate the model more in the discussion?

Row 414 individual level - is this the same as family in table 2?

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An article of importance in its field

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