



Food for Health Initiative

As healthcare systems evolve to address improved population health, patient experience, and a reduction in costs, food banks are strategically positioned to help improve the health and well-being of communities. While the U.S. has historically addressed health outcomes by spending more than 80% of time and funds on health care, only 20% of contributable factors of health outcomes are predicted by health careⁱ. Yet almost 80% of health outcomes are predicted by social, environmental, and behavioral factors. These factors are known as Social Determinants of Health (SDOH). One SDOH that has a direct correlation to health outcomes is access to quality food. Food insecurity is defined by the USDA as a lack of consistent access to enough food for an active and healthy lifestyle.ⁱⁱ A food-insecure individual has an increased risk of diabetes, hypertension, stroke, mental health problems, depression, and other chronic conditions.ⁱⁱⁱ These risks, the outcomes of these diseases, and their associated costs can be greatly improved by consistent access to nourishing foods. The Lowcountry Food Bank (LCFB) believes that working alongside our healthcare partners to improve our neighbors' access to the nutritious foods they need to thrive is integral to improving health outcomes and decreasing costs associated with poor health.

In 2019, the LCFB established a framework for addressing food access in healthcare settings by assessing our current partners' collaborative work with healthcare entities. The annual LCFB Partner Survey revealed that 22% of LCFB partner agencies engage in healthcare partnerships. Of our 270 partner food pantries, 14 are within health clinics or have clinics on-site. In addition, the LCFB Nutrition Initiatives team is actively engaged in community health coalitions in nine of the ten counties we serve, advocating for our neighbors who experience, or are at-risk for food insecurity and addressing solutions to overcoming the many barriers they face. At the neighborhood level, the LCFB integrates hands-on culinary nutrition education into communities to empower more than 300 individuals each year with the skills and confidence to make the best food choices for their overall health.

In 2020, the LCFB built upon that foundation and engaged additional healthcare partners, participated in community coalitions, and continued our education programming that addresses health, with a strategic focus on equitable food access. Moving forward we will:

- Continue to address community-level strategies to overcome barriers to food access through local coalitions;
- Increase the healthcare community's understanding of the link between food insecurity and health outcomes through educational materials and presentations to local university medical training programs and other community partners;
- Support healthcare partners in adopting a food insecurity screening protocol;
- Assist current LCFB partner pantries with creating environments that empower an individual's decision-making for their health and well-being; and
- Strategically partner with clinics in areas of low food access and high need to overcome barriers to access nourishing food.

The efforts of LCFB's Food for Health Initiative aim to alleviate some barriers to, and burdens of, food insecurity. Addressing this SDOH is important for improving health outcomes, reducing health care costs, and improving longstanding disparities in health and healthcare.

ⁱ Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>

ⁱⁱ US Department of Agriculture, (2019). Definitions of Food Security. Available online at: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>

ⁱⁱⁱ Gundersen, C., and Ziliak, James P. 2015. Food Insecurity and Health Outcomes. *Health Affairs* 34:11, 1830-1839. <https://doi.org/10.1377/hlthaff.2015.0645>