



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. In fact, 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 reliable 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 An individual who is food insecure 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.

About 10% of our current 250 partner agencies are located within a health clinic or have a partnership with a healthcare provider, ensuring patients have direct access to nutritious food. We believe this collaboration is 'best practice' and addresses some of the barriers to accessing nutritious food. We do, however, know that due to space and capacity constraints, this best practice is not suitable for all partners. Our Food for Health (FFH) initiative was developed to support healthcare partners and help break the cycle between food insecurity and chronic disease. FFH includes three focus areas:

- Education
 - Increase the healthcare community's understanding of the intersection of food insecurity and health outcomes.
 - Support healthcare partners in integrating best practice food insecurity screening and intervening protocol in their workflow.
- Advocacy
 - Continue to address community-level strategies to overcome barriers to food access through local coalitions.
 - Participate in state-wide advocacy efforts pertaining to Social Determinants of Health policies, including Food is Medicine South Carolina (a committee of SC Food Policy Council).
- Access:
 - Partner with clinics in areas of low food access and high need to adopt strategies that support patients in overcoming barriers to obtaining nourishing food through referrals to local partner agencies, emergency food assistance boxes at the clinic, or setting up onsite client-choice pantries at the clinic.

In addition, 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. LCFB also assists current partner agencies with creating environments that empower an individual's decision-making for their health and well-being.

The efforts of LCFB's Food for Health Initiative aim to alleviate some barriers to achieving food security. Addressing this SDOH is important for improving health outcomes, reducing health care costs, and improving longstanding disparities in health and healthcare, and therefore allowing individuals to lead a full and productive life.

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>