

KEY CONSIDERATIONS

PRIORITIZING HEALTH EQUITY & FOOD SECURITY



Spotlight on the Social
Determinants of Health

+ Feeding America focuses on solutions and supports that inform models of community health, free from injustices and inequities.

Introduction

To achieve our vision of a hunger-free America, Feeding America commits to reducing the equity gap by understanding and addressing the priorities and needs of communities, families and individuals served. This issue brief describes the root causes of health disparities, social determinants of health, provides key discussion questions, and offers suggestions on immediate action to take so we all have a fair and just opportunity to live long and healthy lives.

Social determinants of health are “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”¹ Food insecurity, defined as having limited or uncertain access to enough food to lead a healthy and active lifestyle, is one of many social determinants of health that influence health and well-being and impacted 13.5% of the population, 44 million people, in the United States in 2022.²

Health equity is achieved when historical and contemporary injustices are addressed; social, economic and other obstacles to health and healthcare are overcome; and preventable health disparities are eliminated. When health conditions are experienced to a greater or lesser extent across population groups, there is disparity.³ Many of these health disparities are due to inequitable distribution of social determinants of health.



Just promoting healthy choices won't eliminate health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

— Healthy People 2030, U.S. Department of Health and Human Services

Social Determinants of Health & Food Security

Social determinants of health shape well-being related to food and nutrition. There is strong and consistent evidence that those who experience poverty, material hardship, unemployment, and racial discrimination are more likely to experience food insecurity, and these experiences can be attributed to multilevel determinants including neighborhood conditions and local, state, and federal policies.⁴ Nutritious food are associated with poor dietary quality and an increased risk of diet-related diseases, including cardiovascular disease, diabetes, and certain types of cancer. Those of lower socioeconomic status and racial and ethnic minority groups experience higher rates of food insecurity, are more likely to live in under-resourced food environments, and continue to bear the greatest burden of diet-related chronic diseases in the United States. Despite the growing body of literature in this area, there are still significant gaps in our understanding of the various pathways that link food insecurity and neighborhood food environments to racial/ethnic and socioeconomic disparities in health and the most effective intervention strategies to address these disparities. To better understand the science in this area, the National Institutes of Health, in collaboration with the Centers for Disease Control (CDC Social determinants of health can be grouped into 5 domains:

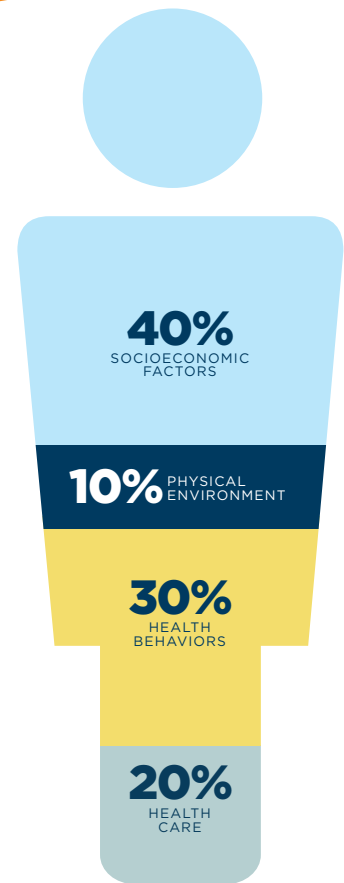
Social Determinants of Health



Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

Examples of social determinants of health that impact people's health, well-being, and quality of life, and are integrally involved in the acquisition and consumption of nutritious food, include:¹

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills.



Despite high rates of diet related disease, 80-90% of a person's health can be attributed to non-medical factors, often referred to as social determinants of health, which include, but are not limited to, food security, housing, transportation, education and employment.

— National Academy of Medicine

Equity

The intersectionality of structural and systemic determinants of health must always be considered, acknowledged, and addressed to improve health outcomes for all individuals and achieve health equity.

Education, employment opportunities, social support, interpersonal trust, and access to quality health care act as a buffer of the effects of inequity on health, yet these health-promoting resources are still more difficult to access for some due to structural inequities.⁵ Displacement, exclusion, and segregation have long destabilized communities of color and undermined their access to fair and just opportunities to thrive and achieve good health.

Structural racism and other forms of discrimination and bias contribute to differential experiences for those also experiencing food insecurity and poor health. Food insecurity is linked to poor nutrition and chronic disease, and poverty is a driver of food insecurity.⁶ For centuries, structural racism has contributed to stark and persistent racial disparities in wealth, health and well-being, especially for communities of color.

One significant social determinant of health is the neighborhood in which you live. There is growing recognition that historical racial segregation by neighborhood plays a role in quality of life.⁹ In other words, your zip code may mean more than your genetic code. Among the 500 largest U.S. cities, 56 have very wide life expectancy gaps with stark differences between racial and ethnic groups. On average, people in one neighborhood can expect to live 20 to 30 years longer than their neighbors a few miles away.⁹ Health disparities are experienced more among neighborhoods that are predominantly comprised of people of color compared to neighborhoods that are mostly non-Hispanic white. Many neighborhoods with people of color have not received key investments and protections customary for predominately white neighborhoods, putting them at a disadvantage for poor health and opportunity, and contributing to lower life expectancy rates.

Climate change further exacerbates neighborhood environmental health by putting increased stress on living situations impacted by excessive heat, destructive storms, and flooding.¹⁰ The brunt of environmental health issues, including pollution and hazardous waste, disproportionately affect communities of color.

At Feeding America, we pledge to identify and work towards solutions to eliminate social, structural, and systemic inequities that contribute to food insecurity for individuals that have been historically disadvantaged and/or adversely impacted by racial inequities.

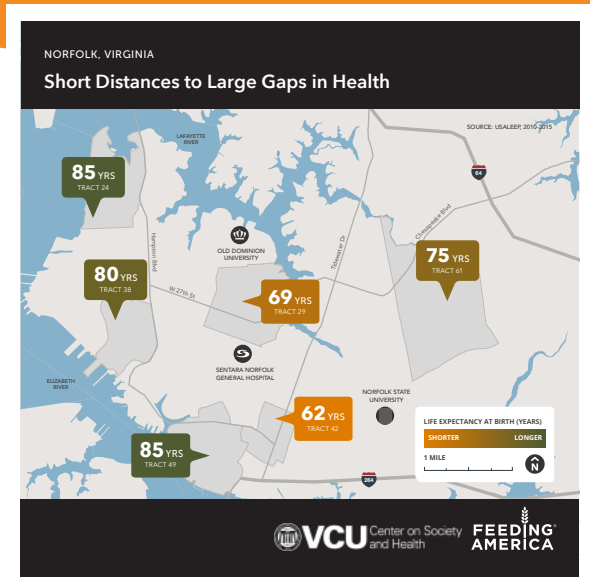


Figure 4: Virginia Commonwealth University (2015)

Norfolk, Virginia has an 18-year disparity in average life expectancy across the city's neighborhoods depending on zip code. Babies born in certain neighborhoods can expect, on average, to live 62 years, while others may live, on average, 7-18 years longer. Short distances can mean large differences in health.

Food Insecurity and Nutritional Quality

Since food insecurity and poor diet quality are so closely linked, there has been a recent emphasis in improving not only food security, but also nutrition security. Nutrition security is currently defined as having equitable and stable availability, access, affordability, and utilization of foods and beverages that promote well-being and prevent and treat disease.⁷

Nutritious meals are necessary to ensure optimal health. When people facing hunger are forced to choose between food or other resources, the result is often long-term negative effects on health and well-being. These individuals often stretch already limited budgets, and use other coping strategies such as underusing medication, postponing or discontinuing medical care, or forgoing the foods needed to manage disease specific diets. For example, over 65% of households served by the Feeding America network reported having to choose between food and medical care due to limited resources. Further, and most concerning, close to 80% of households reported having to choose inexpensive, unhealthy food to feed their families.⁸ These difficult decisions are detrimental to health and well-being.

To address these inequities and improve nutrition security, a coordinated approach is necessary across government food assistance policies and programs, clinical care and the healthcare sector, public health and community-based organizations, and the charitable food system through referral pathways.⁷ Through this cross-sector approach, we will address root causes of health disparities to improve social determinants of health and overall health and wellbeing.

One way Feeding America is achieving this goal is by pioneering a community approach to Food-As-Medicine (FAM) interventions. Food banks are partnering with healthcare systems to provide nutrient dense foods to patients with complex needs. In an ongoing FAM initiative (as of January 2024), 21 food banks have partnered with over 30 healthcare organizations and screened around 288,000 neighbors for food insecurity as an initial step to address root causes of health disparities through a coordinated system between healthcare systems and the charitable food system. Additionally, since its release in 2020, the Healthy Eating Research (HER) Nutrition Guidelines have been adopted and implemented, at varying levels, by more than 120 food banks in the Feeding America network, and has empowered our network members to go even further in providing healthy, nourishing foods to the neighbors we all serve.

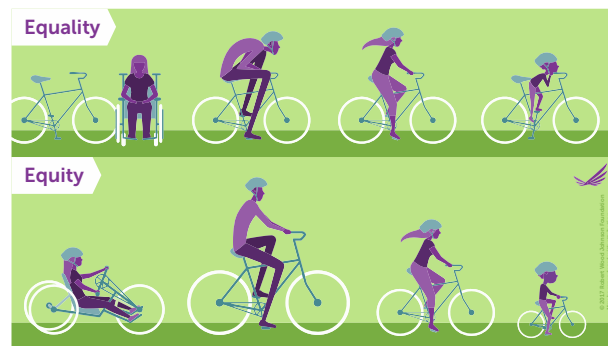


Figure 2: Robert Wood Johnson Foundation (2017)

Since 2021, over half of the food banks in the Feeding America network have enrolled and completed the Health Equity in Food Banking Training Series and over half have implemented health equity strategies at their food bank.

Health equity is the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality.

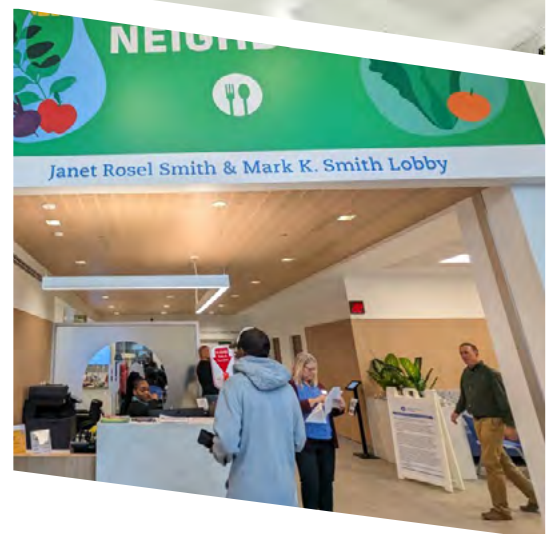
— Health Resources and Services Administration

Real Stories of Progress

Greater Cleveland Food Bank's Community Resource Center/Market opened in 2023 as a resource to address many social determinants of health and food insecurity.

The **Community Resource Center** offers a one-stop resource center, a healthy choice food market with extended hours, and collaboration with non-profits addressing root causes of food insecurity like United Way of Cleveland, Legal Aid Society, Diaper Bank of Greater Cleveland and more than 20 other organizations. Many families are struggling to make ends meet and having to make difficult choices between food and other necessities. Over 80% of households served by Ohio food banks needed food assistance due to rising food costs, and 2 in 3 households reported that they cut the size of meals or skipped meals in order to make food last.

This initiative supports the ever-growing demand for food distribution and social service programs in the six counties the organization serves. Total food distribution is at an all-time high, and of the 400,000 individuals the Food Bank served last year, 100,000 sought help for the first time.



CREATING A HEALTHIER AMERICA

A primary goal of Feeding America is providing access to healthy food in all of our communities. This means supplying food banks with more fruits, vegetables, whole grains, low-fat dairy and lean proteins and prioritizing resources for marginalized communities to advance health equity.

Health Equity Action Items: What Food Banks and Health Care Partners Can Do

Align with other national, state, and local organizations committed to improving health and advancing equity in communities of color.

Build trust, positive interactions, and communication with people of color in your community to better understand unique social and systemic factors that contribute to food insecurity and poor health.

Release a statement signaling your joint commitment to equity.

Co-Develop interventions to connect people of color to critical resources aimed at correcting food insecurity and other social determinants of health.

Help make “the healthy choice the easy choice” through improved access to culturally appropriate nutritious food, nutrition education, health literacy programs and other services in your community.

*Learn more about race & ethnicity and food insecurity **here** on the Feeding America website and about hunger, health and equity by going **here**.*

For more information on Feeding America’s work on food insecurity among seniors and older adults, access the most recent reports [here](#).



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**JOIN THE MOVEMENT TO END HUNGER TODAY.
DONATE. VOLUNTEER. ADVOCATE. EDUCATE.**

Feeding America is committed to an America where no one is hungry. We support tens of millions of people who experience food insecurity to get the food and resources they say they need to thrive as part of a nationwide network of food banks, statewide food bank associations, food pantries and meal programs. We also invest in innovative solutions to increase equitable access to nutritious food, advocate for legislation that improves food security and work to address factors that impact food security, such as cost of living, health and employment.

We partner with people experiencing food insecurity, policymakers, organizations, and supporters, united with them in a movement to end hunger.



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