

# FOOD SYSTEMS AND CANCER SURVIVORSHIP

in Hispanic Communities



**18 million**  
cancer survivors  
currently in U.S.

**26 million**  
expected cancer  
survivors by 2040

## Key Takeaways



- 1 Barriers to nutritious foods may contribute to worse survivorship experiences among Hispanics and all groups.
- 2 National, state, and local stakeholders can establish and support interventions to address the dietary needs of Hispanics and all cancer survivors:

FOOD IS MEDICINE  
PROGRAMS

NUTRITION INCENTIVE  
PROGRAMS

POPULATION-LEVEL  
HEALTHY FOOD  
INITIATIVES

## Cancer Rates in Hispanic Communities



Cancer is the leading cause of death among Hispanics.



Hispanic communities have higher incidence and mortality rates for stomach, liver, and cervical cancer.



Number of Hispanic cancer survivors is similar to the non-Hispanic White (NHW) population.



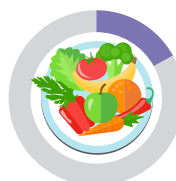
Cancer mortality rates are higher for U.S.-born Hispanic individuals than foreign-born Hispanic individuals.

## Food Environments, Diet, and Cancer Survivorship

**18%** of cancer in the U.S. are caused by:



**47%** of colorectal cancers can be prevented by improvements in diet.



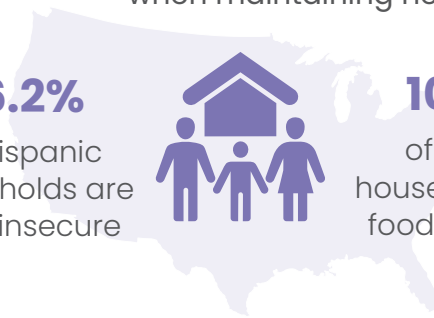
**17-18%**

lower probability dying from cancer for cancer survivors when maintaining healthy diet.

**16.2%**  
of Hispanic households are food insecure



**10.2%**  
of all U.S. households are food insecure



# FOOD IS MEDICINE PROGRAMS

1

provide foods that support health

2

include a nexus to the healthcare system



## Medically-tailored meals

typically offered to people living with severe illnesses, that make it difficult to shop or cook



## Medically-tailored groceries

food boxes, food pharmacies, or clinic-based food pantries



## Food prescription vouchers

from health providers for free fruits and vegetables at various locations

Private donations

State or local government grants

Federal programs

# NUTRITION INCENTIVE PROGRAMS



Supplemental Nutrition Assistance Program

Government nutrition assistance programs, such as the federal Supplemental Nutrition Assistance Program (SNAP), help millions of Hispanic households afford food.



1 in 5

SNAP participants are Hispanic.

Improving diet quality by providing financial incentives to purchase fruits and vegetables.



# POPULATION-LEVEL HEALTHY FOOD POLICIES AND PROGRAMS



## Values-based Food Purchasing

Public and private institutions impact the quality of food available in their communities through their food purchasing and food service choices.



## Community Gardens and Local Food Production

Local food production initiatives such as community gardens and small-scale farms can improve community health by creating benefits of healthy eating, nutrition education, environmental sustainability of food system.



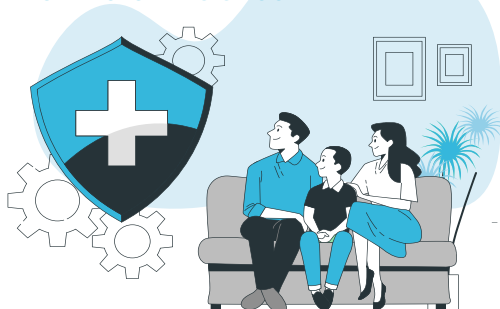
## Healthy Retail Policies

Healthy retail policies seek to increase the supply of healthy food options available at local retailers, use tax credits, zoning incentives, and other financial strategies.

# POLICY DEVELOPMENT CONSIDERATIONS

## Access

### INSURANCE REQUIREMENTS AND POINTS OF ACCESS



**17.7%** of Hispanic individuals do not have health insurance.

**19.4%**

Central American heritage

**20.3%**

Mexican heritage



### SNAP ENROLLMENT



Many nutrition incentive programs are only open to people participating in the Supplemental Nutrition Assistance Program.

**4 million** Estimated number of Hispanic individuals who are eligible for SNAP benefits.



LIMITATIONS ON FOOD OPTIONS

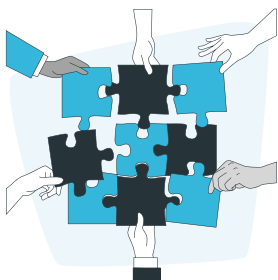


IMPLEMENTATION AND ENFORCEMENT

## Community Engagement and Assessments

Stakeholders interested in supporting food system interventions should prioritize meaningful engagement with all potentially impacted communities throughout every phase of program planning, implementation, and evaluation.

## Coordination and Partnership



States, local governments, public health departments, and health care systems can offer support by coordinating partnerships to make it easier for programs to access funding, share resources, and utilize collective buying approaches.

## Legal Considerations



Jurisdictions seeking to support systems change through the passage of a local ordinance should confirm whether such a law is preempted by federal or state law.

A growing number of states have enacted potentially relevant laws preempting certain local laws related to nutrition labeling content or criteria; consumer incentive items; "food-based health disparities"; taxation, distribution, or serving of food and beverages; portion size; food safety; menus; taxes; and marketing.

# CASE STUDIES

## Expanding the Reach of FIM Programs

In 2011, Memorial Sloan Kettering Cancer Center's Immigrant Health and Cancer Disparities Service launched a series of medically-tailored food pantries.

Another important example of a FIM project to remove barriers to participation and support local agricultural initiatives, as well as incorporate community leadership, is the Corbin Hill Food Project Produce Prescription Program.

## Increasing the Consumption of Healthy Foods and Food Assistance Program Enrollment Through a Retail Collaboration

In El Paso County, Texas, the Paso del Norte Institute for Healthy Living coordinated a community assessment in 2017 that focused on access to healthy and affordable food. Based on this assessment, which included key informant interviews and community member surveys, and a stakeholder convening, a coalition called the In-Store Programming and Outreach Coalition (IPOC) was formed to develop partnerships with food retailers and increase participation in SNAP.

# CONCLUSION

Building on examples such as those discussed in this brief, national, state, and local stakeholders have several opportunities to work together to support interventions across each level of the Food is Medicine pyramid and build a more equitable food system that meets the needs of Hispanic cancer survivors and the communities that support them. Food is Medicine programs offer promising healthcare-based pathways for addressing the unique needs of cancer survivors. Nutrition incentive programs and other improvements to government nutrition assistance have the potential to improve the nutritional quality of foods consumed by all households with low incomes. Institutional policy changes, food retail upgrades, and local agriculture initiatives may also help increase access to fruits and vegetables, promote equity and sustainability, and help supply the food needed to support the more targeted interventions. These and other policy interventions, strengthened by community engagement and culturally congruent outreach, are promising tools to address disparities in cancer occurrence and survivorship and promote healthy communities.



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