



Food Insecurity Among Rural Cancer Survivors

Hollyanne Fricke, MPH

Courtney Parks, PhD

About Us



Connect with us:

- * Website: www.centerfornutrition.org
- * Facebook: CenterforNutrition
- * Twitter: GretchenSwanson

- * Founded in 1973, the Center is a national nonprofit research institute, based in Omaha, providing expertise in public health nutrition. The Center's primary focus is measurement and evaluation across the content areas of childhood obesity prevention, food insecurity and local food systems.

Our Work

✦ Research and evaluation

- ✦ Partner with a wide range of organizations across the country (and locally) to facilitate measurement, evaluation, analysis, and development of reporting and other communications

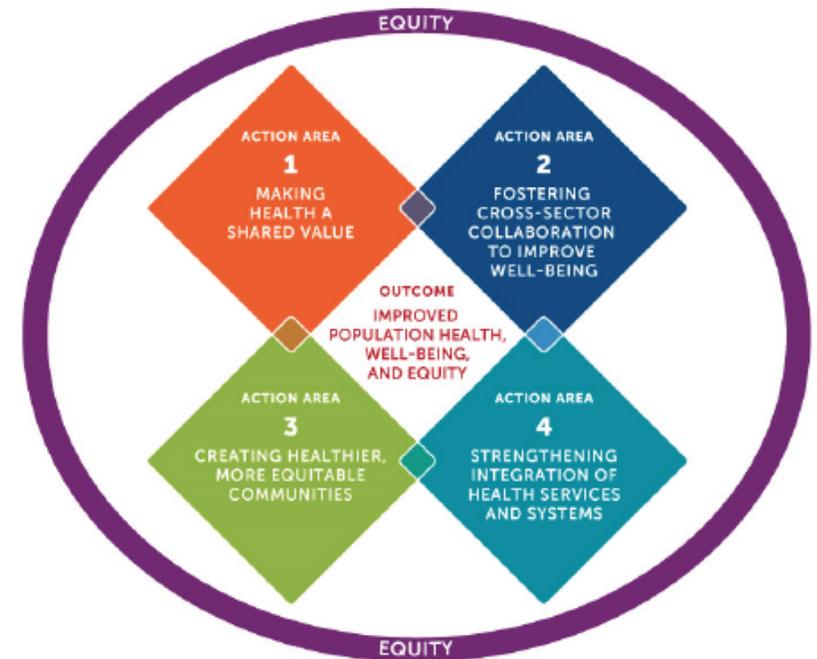
✦ Program development and capacity building

- ✦ Work with foundations and others to build strong metrics to show return on investment
- ✦ RFP development
- ✦ Readiness and capacity building
- ✦ Tracking and evaluating technical assistance
- ✦ Scientific strategic planning

Defining Health Equity

✦ “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Culture of Health Action Framework



Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

GSCN & Health Equity

- ✦ We primarily work on projects focusing on social determinants of health and the needs of low-income groups, communities of color, children and families, and rural and urban populations
- ✦ Evaluating efforts and initiatives that seek to advance health equity
- ✦ Seek to understand that there are systematic barriers that prevent equal opportunities for all people to live healthy lives
- ✦ Our research and evaluation has focused on understanding social determinants of health, barriers faced by oppressed communities, and identifying impacts, best practices, and lessons learned from public health initiatives that address health equity



What does health equity mean to you in
your work? For Nebraska?





Partnership with the American Cancer Society

- ✦ Make strategic recommendations about the structure of a community-based programming to address food security/healthy food access relevant to cancer prevention and survivorship.
- ✦ Key informant interviews
 - *Conduct interviews with ACS staff, volunteers, and partners to explore existing activities, “bright spots”, readiness, and potential role with food security*
- ✦ Landscape analysis
 - *Identify what and how other organizations are working on to address food security with potential niche areas for ACS*
- ✦ Literature review
 1. *Food security/financial factors related to cancer*
 2. *Link between obesity, cancer, and food security*

Who is in the room?

- ✦ Stand up if you fall into the following categories
 - Health care
 - Health departments
 - Other public health
 - Food assistance programs
 - Social work
 - Dietitians
 - Non-profit or community-based organization
- ✦ Do you work in communities or serve any of the following populations?
 - Urban
 - Rural
 - Low-income
 - Racial-ethnic minority populations

Current Environment Contributing to Obesity

- Expanding portion sizes
- Change in composition of diets
- Shift to commodity crops

Nutrition



- Unsafe neighborhoods
- Urban sprawl
- Reliance of automobiles
- Technology
- Sedentary jobs

Physical Activity



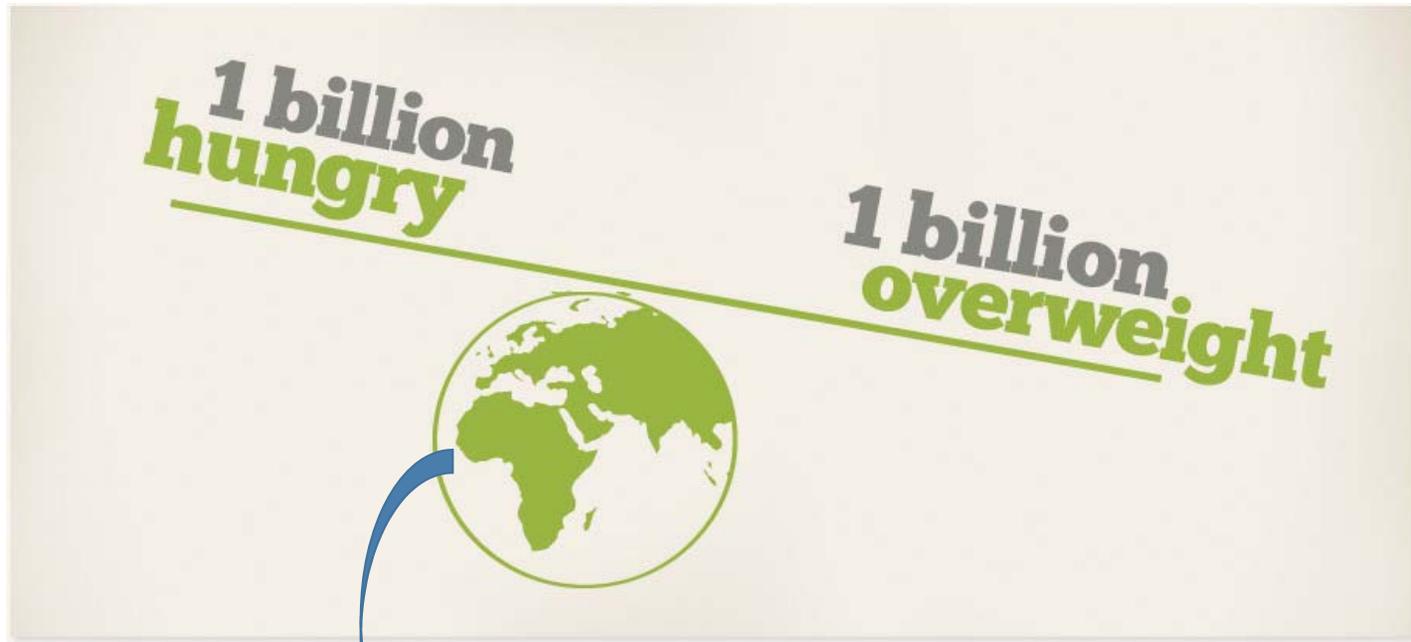
In 1919...

- Walking 40 miles for water! (every week!)
- Active lifestyle at work (physical labor)
- Active lifestyle at home (playing, cooking, etc.)
- Smaller portions
- Unprocessed foods

In 2019...

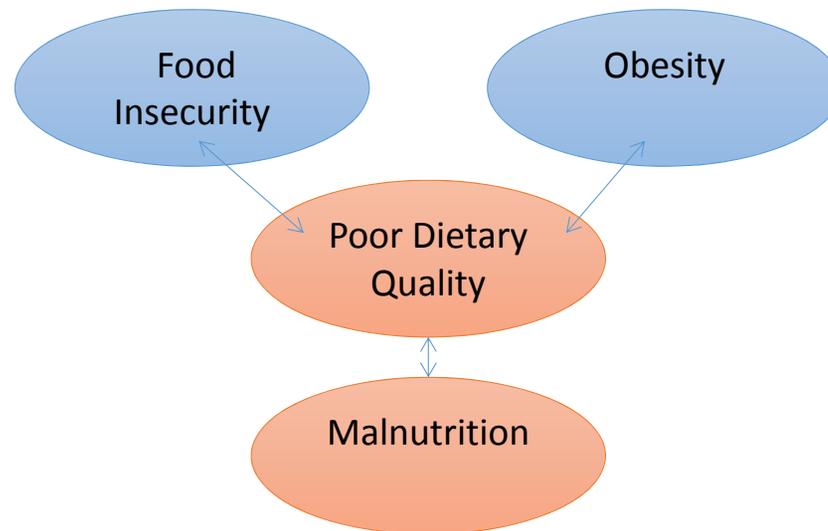
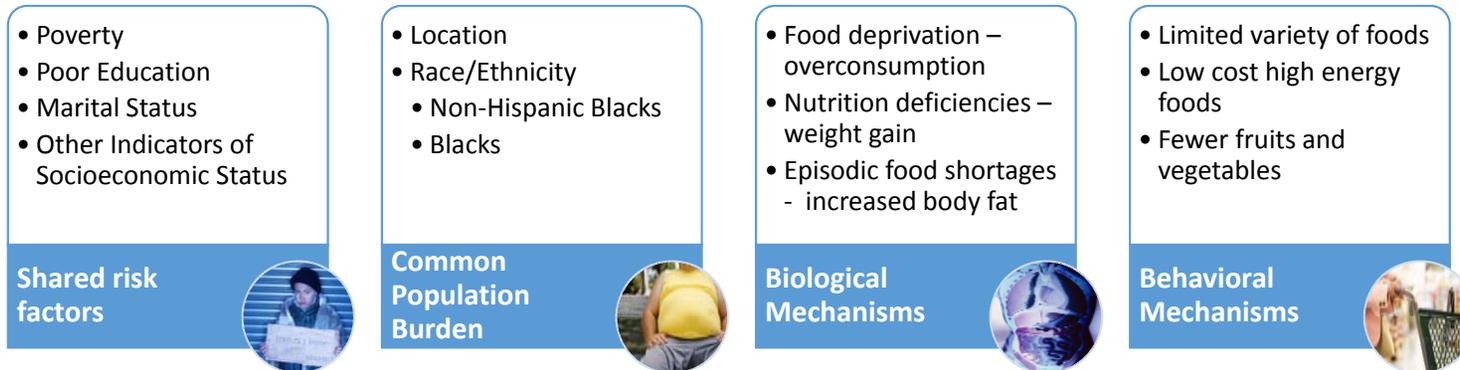
- Drive to work
- Park close to the door
- Elevator to the office
- Sit while working
- Sit while at home (TV, Internet, etc.)
- Expanding portions
- Highly processed foods

Intersection of Obesity and Food Insecurity



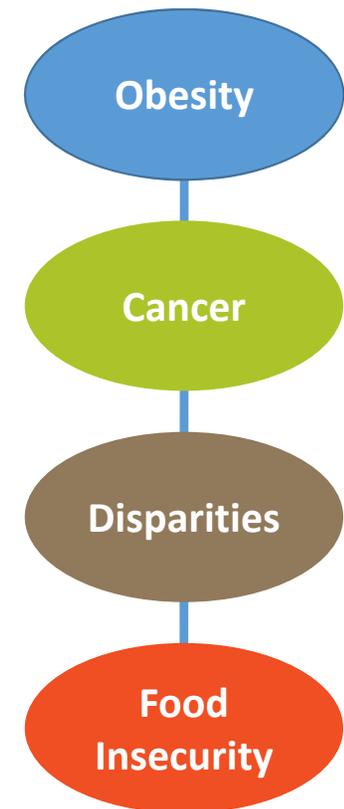
Food systems and
dietary quality

Coexistence of Food Insecurity and Obesity



The issues

- ✦ Obesity is the #1 preventable cause of death in the U.S.
 - ✦ > 70% of adults over the age of 20 are overweight or obese
- ✦ Link between cancer and obesity is strong
 - ✦ Poor dietary quality independent influence on cancer
- ✦ Disproportionately impacts low-income, rural, and racial-ethnic minority populations
- ✦ Cancer survivorship opportunity to improve dietary quality
- ✦ Low-income cancer survivors at risk for food insecurity: absence of access to nutritionally adequate/safe food



15% OF ALL AMERICANS LIVE IN RURAL AREAS

Rural Americans are at **greater risk of death** from 5 leading causes than urban Americans

- Heart Disease
- Cancer
- Unintentional Injury
- Chronic Lower Respiratory Disease
- Stroke

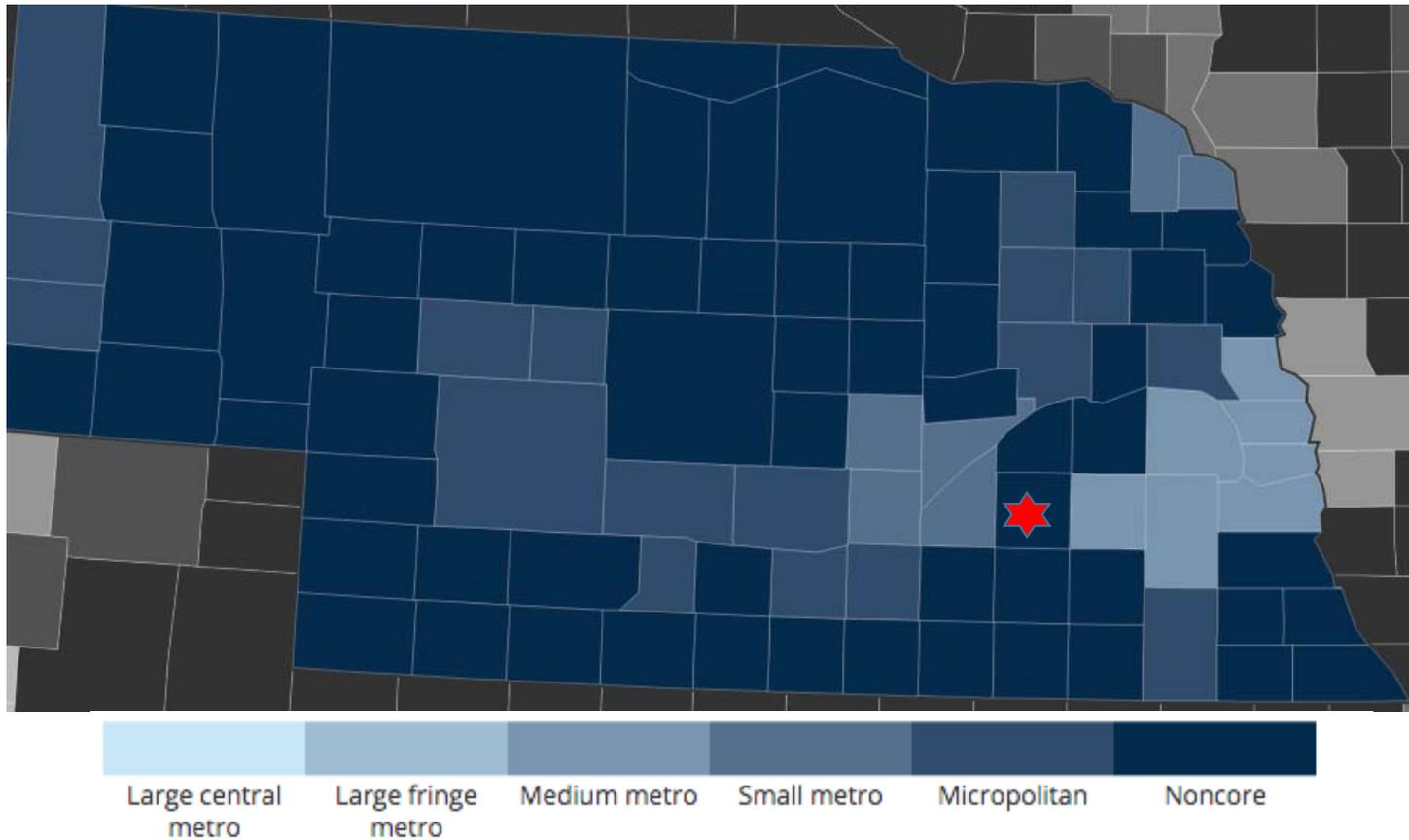
PROTECT YOURSELF

Be physically active | Eat right | Don't smoke
Wear your seat belt | See your doctor regularly



CS273411-A

Rurality and Nebraska



Definition: Who is a Cancer Survivor?

- ✦ Anyone who has been diagnosed with cancer is a survivor— from the time of diagnosis and for the balance of life
- ✦ Differentiate types of survivors:
 - In active treatment
 - Disease-free long-term survivors (≥ 5 years post-dx);
 - Those living with cancer as a chronic disease

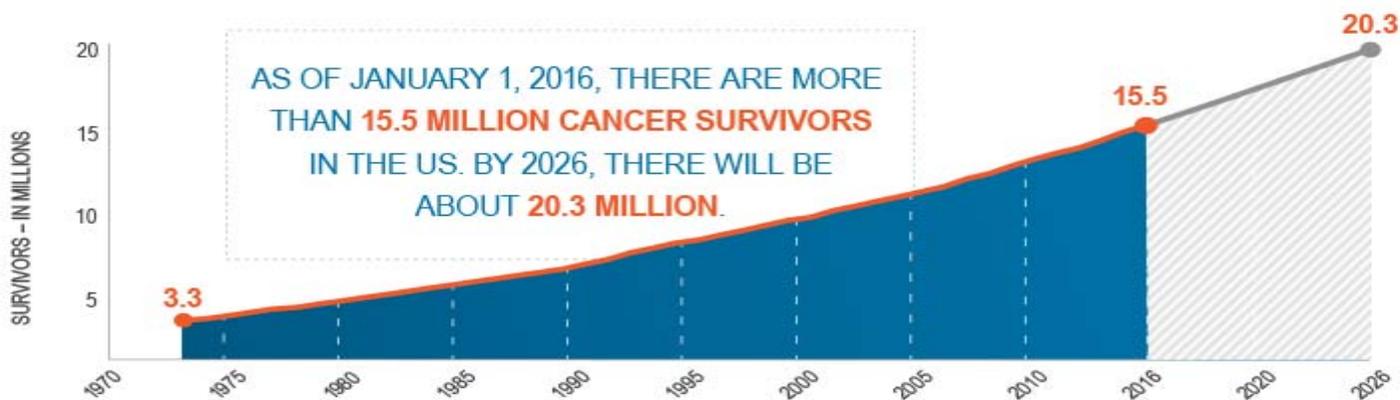
Growing Number Of Cancer Survivors

In the United States, there are 15.5 million cancer survivors. By 2026, there will be 20 million.

LIFE AFTER CANCER: SURVIVORSHIP BY THE NUMBERS

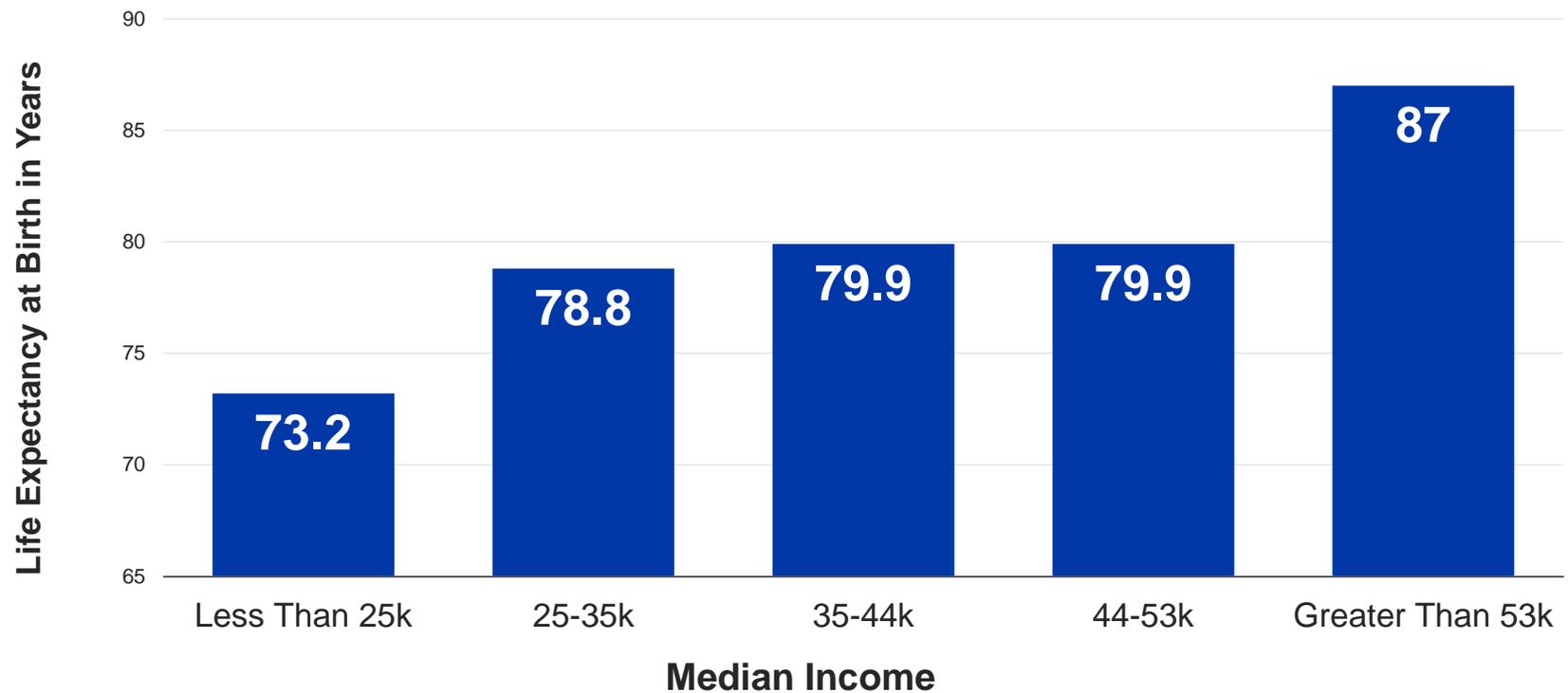
American Cancer Society // Infographics // 2016

The number of cancer survivors in the United States is increasing, and is expected to grow to about 20.3 million by 2026 according to *Cancer Treatment & Survivorship Facts & Figures 2016-2017*. Even though cancer incidence rates are declining in men and stable in women, the number of cancer survivors is rising due to a growing and aging population, as well as earlier detection and better treatments. As this population continues to increase, it will be more important than ever to address this group's unique needs.



Source: Surveillance, Epidemiology, and End Results Program, National Cancer Institute.

Average Life Expectancy (2003-2007) by Median Income of Census Tract/Municipality (2009), Cook County



Source: Life expectancy calculated by the VCU Center on Human Needs from 2003-2007 data provided by Cook County Health Department Median Income from 2009 Geolitics Premium Estimates

Having Cancer is Expensive

- ✦ Cancer patients are receiving more expensive therapies
- ✦ Prices in excess of 10k a month are not uncommon
- ✦ Medical costs have shifted to patients through higher premiums, deductibles, and coinsurance/copay rates
- ✦ Financial distress is prevalent – even with health insurance
- ✦ Ongoing cancer care and care for long/late effects from treatment
- ✦ Limited work ability, both during treatment and post treatment



Financial Toxicity Defined

- ✓ Out-of-pocket expenses might have such an impact on the cancer experience as to warrant a new term: "financial toxicity."
- ✓ Out-of-pocket expenses related to treatment are akin to physical toxicity, in that costs can diminish quality of life.



Zafar SY, Abernethy AP. Financial toxicity, Part I: a new name for a growing problem. *Oncology*. 2013 Feb;27(2):80-1, 149.

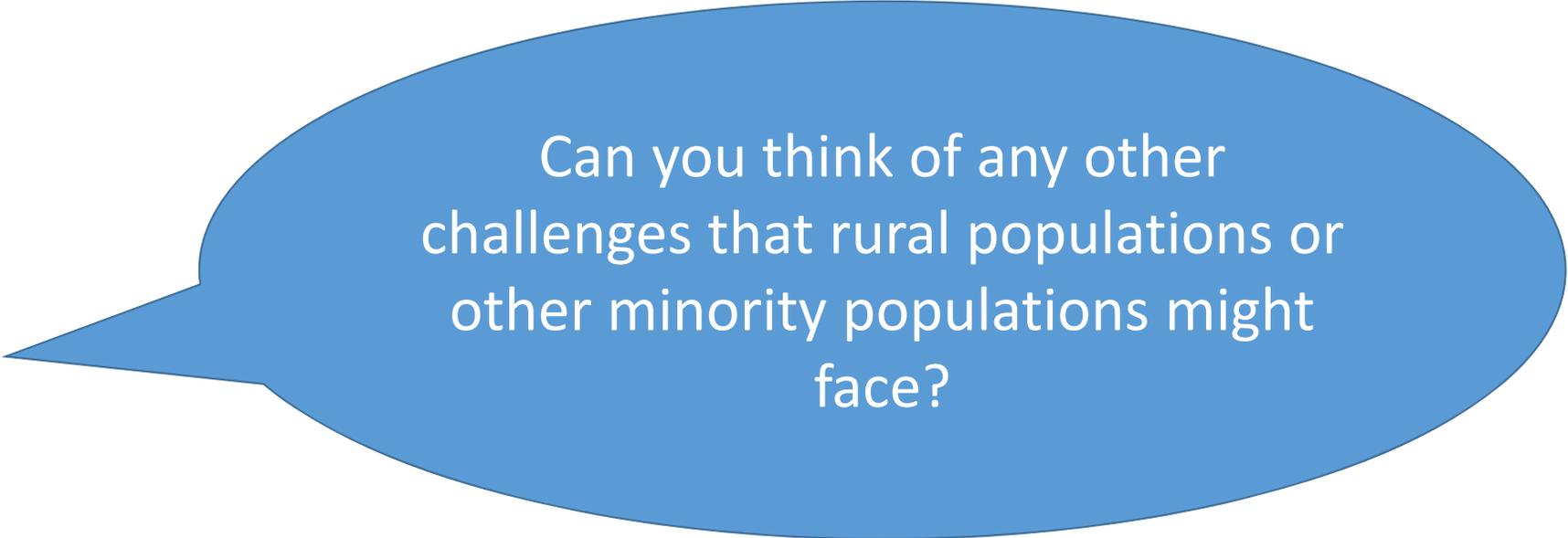
The Consequences

- ✦ Survivors experiencing financial burdens are more likely to:
 - ✦ Forgo or delay medical care
 - ✦ Avoid filling prescriptions
 - ✦ Avoiding follow-up care
 - ✦ Discontinue medications
 - ✦ Have poorer health outcomes



How are cancer and food insecurity related?

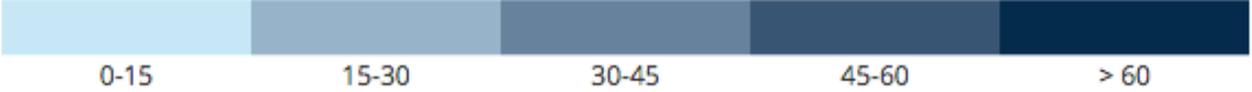
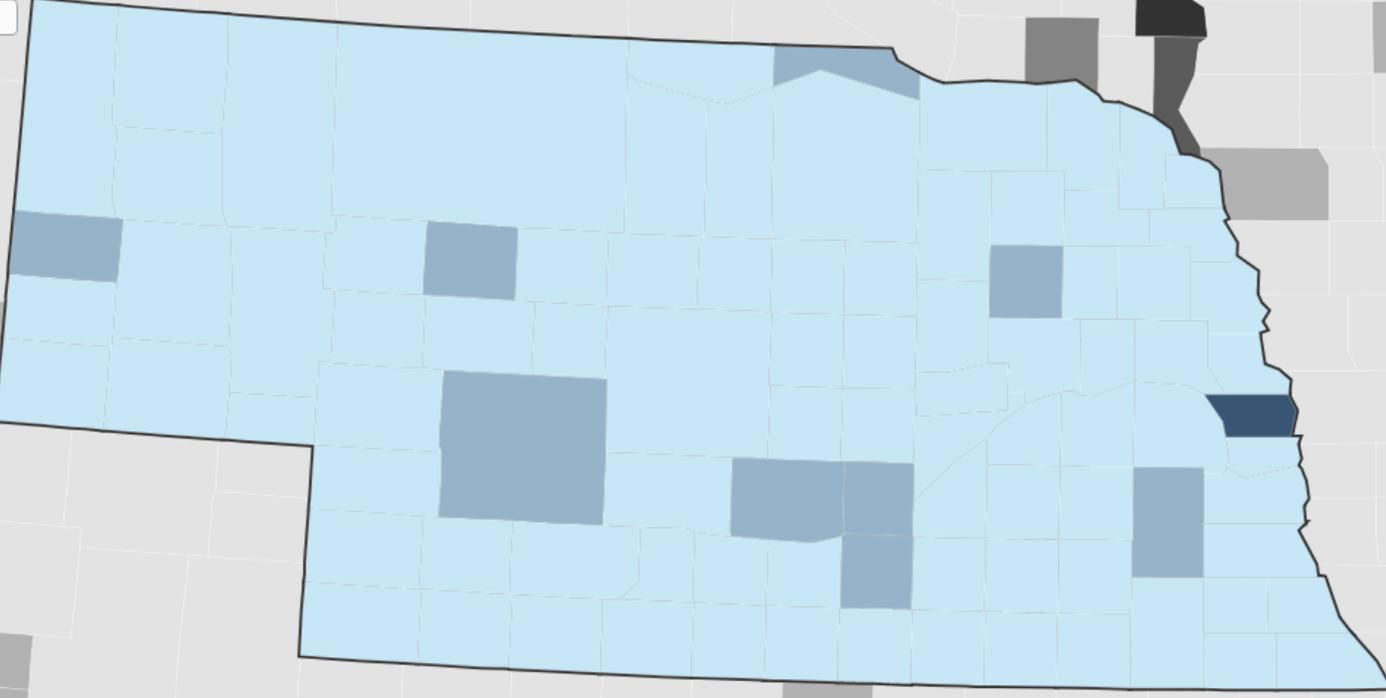




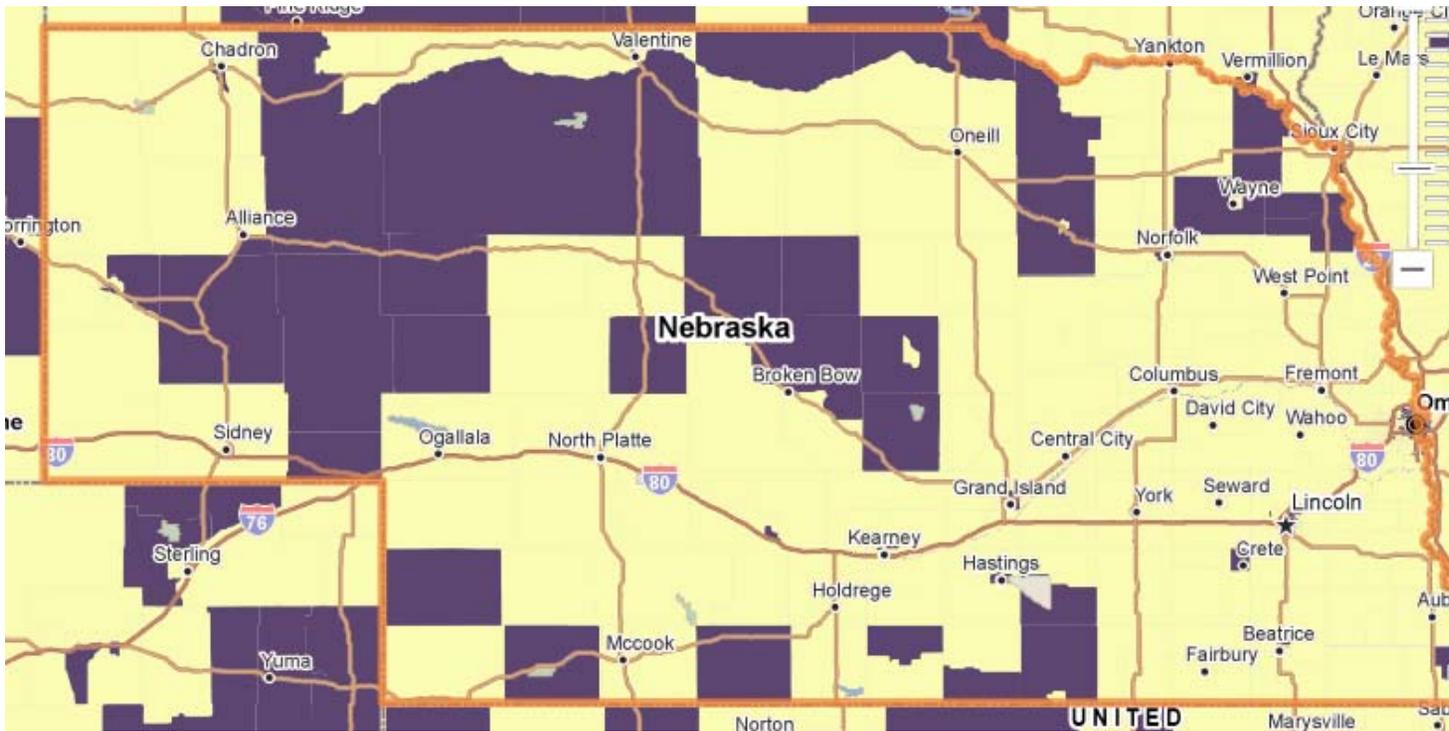
Can you think of any other challenges that rural populations or other minority populations might face?

Access to Care in Nebraska

*Doctors (MDs)
per 10,000
people*



Rural Food Access In Nebraska



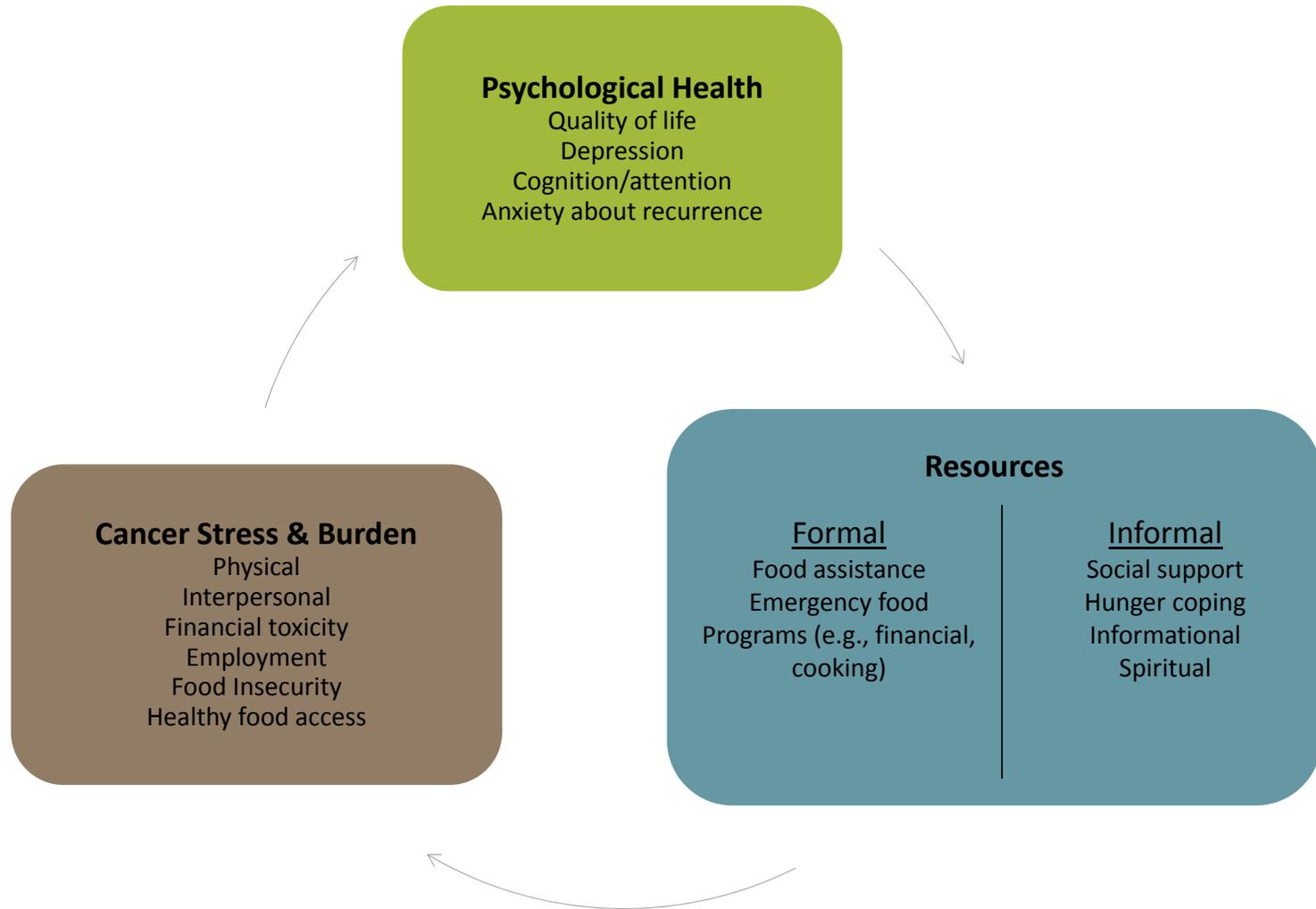
<http://www.healthyfoodaccess.org/get-started/research-your-community>

Rural Disparities

- ✦ Higher incidence and mortality from cancer (especially those that can be prevented through diet and physical activity)
- ✦ Limited access to medical care and support services

Rural cancer survivors are	
Less likely to:	More likely to:
<ul style="list-style-type: none">• Have access to comprehensive cancer centers	<ul style="list-style-type: none">• Work in service-oriented jobs
<ul style="list-style-type: none">• Retire early	<ul style="list-style-type: none">• Experience psychological distress
<ul style="list-style-type: none">• Have disability insurance	<ul style="list-style-type: none">• Report poorer health
<ul style="list-style-type: none">• Have access to healthy foods	<ul style="list-style-type: none">• Have lower levels of education

Quality of Life Framework



Programming to address food insecurity among cancer survivors

- ✦ Food Research & Action Center (FRAC)
 - ✦ Policy advocacy around food assistance programs
- ✦ Rural Health Policy Institute and AHA Rural Advocacy Action Center
 - ✦ Grassroots campaigns
 - ✦ Coordination with Rural Health Congress members
 - ✦ Legislation impacting: access to quality care, robust funding for rural care safety net, new models of care, telehealth and other technologies, bolster workforce



Programming to address food insecurity among cancer survivors

✦ Health care providers and insurers

✦ Screening for food insecurity and referral to services

- ✦ Food pantries (some onsite at health care providers)
- ✦ Provision of food boxes (medically tailored food prescriptions)
- ✦ Referral to services: SNAP, WIC, NSLP, pantries, Meals on Wheels, etc.

The 5-step process for food insecurity screening:

1. Identify patients living in food insecure households.
2. Connect patients with proper resources.
3. Consider clinical needs (e.g., risk of chronic diseases, increased health care costs).
4. Follow up with patients at next office visit.
5. Measure the impact of food insecurity programs on patients' food insecurity status and health.

Hunger Vital Sign™
a 2-item food
insecurity screener

Programming to address food insecurity among cancer survivors

- ★ Grocery stores (e.g., Kroger): “Zero Hunger | Zero Waste” → end hunger in Kroger’s communities and eliminate food waste by the year 2025
 - ★ Raising awareness on food insecurity
 - ★ Lowering prices on nutritious food
 - ★ Pilots to increasing access to healthy foods in high need communities
 - ★ Donate fruits, vegetables, and proteins from their retail stores, manufacturing plants, and distribution centers to partner organizations (e.g., food banks)
 - ★ Encouraging staff to volunteer in their community

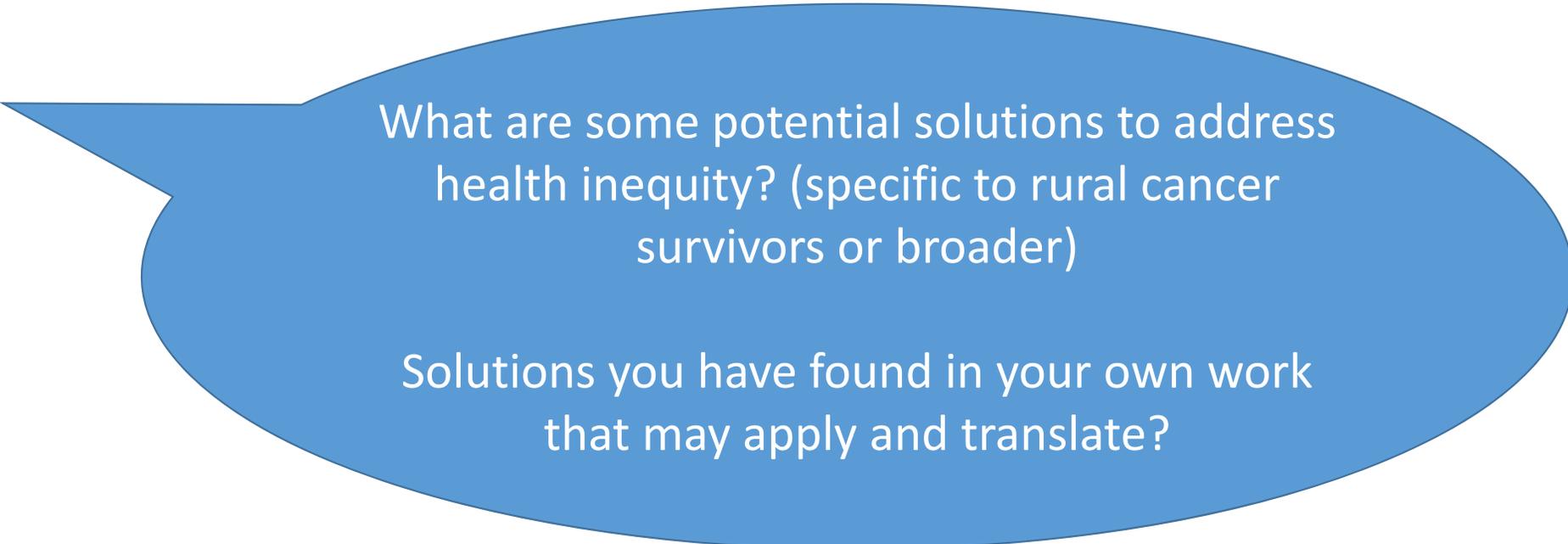
In NE: Dillon’s,
Baker’s,
KwikShop

Areas of opportunity

- ✦ Transportation
- ✦ Lodging (e.g., Hope Lodges)
- ✦ Leveraging corporate funding
- ✦ Working with health care systems, providers, and insurers to implement screening and referrals
- ✦ Increasing health literacy and shared decision making in treatment
- ✦ Financial and patient navigation



Any examples that you have seen work in Nebraska? Or could work?



What are some potential solutions to address health inequity? (specific to rural cancer survivors or broader)

Solutions you have found in your own work that may apply and translate?



**Can we accept
that cancer is
the leading
cause of medical
bankruptcy?**



Questions? Discussion?

“
**Let food be thy medicine
and medicine be thy food**
Hippocrates”



Hollyanne E. Fricke, MPH

Senior Project Manager

Gretchen Swanson Center for Nutrition

hfricke@centerfornutrition.org

Courtney A. Parks, Ph.D.

Senior Research Scientist

Gretchen Swanson Center for Nutrition

cparks@centerfornutrition.org