

Improving Health Equity by Addressing Food and Nutrition Insecurity

In 2022, 44.2 million people (more than 12% of the U.S.), including 7.3 million children, were food insecure. This means that they experienced hunger, worried about running out of food before being able to buy more, or did not have consistent access to enough nutritious food to promote an active, healthy lifestyle.^{i,ii} The number of cancer patients who experience food insecurity is estimated to range between 17% and 55%.ⁱⁱⁱ The American Cancer Society Cancer Action Network (ACS CAN) supports policies that advance health equity by addressing food and nutrition insecurity for individuals, families and communities.

Research has found that food insecurity can be associated with poor diet quality, obesity and reduced fruit and vegetable intake.^{iv} Evidence consistently shows that individual factors – like race, ethnicity, health insurance status, income, and where a person lives – strongly impact regular access to healthy food. For instance, living in a rural area, living in a community without stores that offer healthy foods, being American Indian or Alaska Native or Black, having limited income and limited education have all been shown to be independently associated with poor diet quality.^v

Federal, state, and local policies play an important role in supporting people's ability to be healthy and access affordable nutritious food. For example:

- Food security programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR), the Nutrition Assistance Program (NAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) help people, children, and families with limited incomes and disabilities access quality food.
- Increased access to free school meals, including universal free school meal policies and expanding access to the Community Eligibility Provision allows high-poverty schools to offer all students free school meals at no charge to all students.



- Incentives for retailers to offer healthy food and beverage options, incentives for healthy food retailers to locate in areas with limited access to grocery stores, or incentives for local farmers and community food projects can reduce food and nutrition insecurity.
- Some health care systems have begun to offer people living with chronic diseases "food is medicine" interventions, such as produce prescriptions, or medically tailored groceries or meals. FIM interventions create an essential link between health care and community care to provide comprehensive patient care, reducing food and nutrition insecurity, improving quality of life, and providing the necessary support for managing and treating chronic diseases.

ACS CAN advocates for policies at the federal, state, and local level aimed at addressing food and nutrition insecurity and reducing health disparities. Having consistent access to affordable nutritious food has a direct impact on a person's health and can help prevent, manage, and treat chronic diseases like cancer.

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For more information on ACS CAN's advocacy work around healthy eating and active living environments, please visit <u>https://www.fightcancer.org/what-we-do/healthy-eating-and-active-living</u>.

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ⁱ U.S. Department of Agriculture, Economic Research Service, Food and Nutrition Assistance, Food Security in the U.S., Key Statistics & Graphics, accessed on November 1, 2023, retrieved from <u>https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics</u>.

ⁱⁱ United States Department of Agriculture, National Institute of Food and Agriculture, Food and Nutrition Security, accessed July 7, 2023, retrieved from <u>https://www.nifa.usda.gov/topics/food-nutrition-security</u>.

Raber M, Jackson A, Basen-Engquist K, Bradley C, Chambers S, Gany F, Hughes Halbert C, Tessler Lindau S, Pérez-Escamilla R, Seligman H, Food Insecurity Among People With Cancer: Nutritional Needs as an Essential Component of Care, *JNCI: Journal of the National Cancer Institute*, Volume 114, Issue 12, December 2022, Pages 1577–1583, https://doi.org/10.1093/jnci/djac135.
^{IV} Morales ME, Berkowitz SA. The Relationship between Food Insecurity, Dietary Patterns, and Obesity. *Curr Nutr Rep*. 2016 Mar;5(1):54-60. doi: 10.1007/s13668-016-0153-y. Epub 2016 Jan 25. PMID: 29955440; PMCID: PMC6019322.

^v McCullough ML, Chantaprasopsuk S, Islami F, Rees-Punia E, Um CY, Wang Y, Leach CR, Sullivan KR, Patel AV. Association of Socioeconomic and Geographic Factors With Diet Quality in US Adults. *JAMA Netw Open*. 2022 Jun 1;5(6):e2216406. doi: 10.1001/jamanetworkopen.2022.16406. PMID: 35679041; PMCID: PMC9185183.