

KEY CONSIDERATIONS

PRIORITIZING HEALTH EQUITY & FOOD SECURITY



Spotlight on Colorectal Cancer



In partnership with Valaree Williams, MS, RDN, CSO, LDN, CNSC, FAND, Clinical Oncology Dietitian (American Oncology Network)

Feeding America is collaborating with Colorectal Cancer Alliance to raise awareness about the connection between colorectal cancer and food security. The mission of the Colorectal Cancer Alliance is to end colon cancer in our lifetime. Colorectal cancer (which includes colon cancer and rectal cancer) is a disease of the digestive system. It is the fourth most common and second deadliest cancer in the United States.¹

Colorectal cancer often develops without symptoms. When symptoms do occur, they may include blood in or on stool, persistent unusual bowel movements, stomach pain that doesn't go away, and losing weight for no reason. Most cases of colorectal cancer occur in people ages 50 years and older, but the disease is increasingly affecting younger people, with mounting evidence that diet, bacteria in the gut, and inflammation are potential contributing factors to the rise in incidence rates in those under the age of 50.²

Unlike most cancers, colorectal cancer is often preventable with screening and highly treatable when detected early. Screening can often prevent colorectal cancer by finding and removing polyps, or growths, in the colon and rectum before they progress to cancer.² Visit quiz.getscreened.org to understand your personalized screening options, including at-home tests and colonoscopies. You can also call our Helpline and speak to a live patient navigator at 877-422-2030.

Food insecurity can result in challenges accessing nutritious foods required to both prevent colorectal cancer and support adequate nutrition during cancer treatment. Individuals who are food insecure have a lower likelihood of being up-to-date on colorectal cancer screenings which negatively impacts health outcomes, including increased incidence rates of colorectal cancer.³ To overcome these inequities, new approaches are needed to ensure that everyone has access to culturally appropriate,

healthy food, unbiased health care, and essential resources that improve overall health and well-being. Feeding America is focusing on solutions and supports that inform models of community health, free from injustices and inequities. This brief includes "real life" stories of progress. Together, we can help people facing hunger get the help they need to prevent colorectal cancer.

Diet and Nutrition

Nutrition has an impact on both the prevention and treatment of colorectal cancer. Diets high in vegetables, fruits and phytochemicals, reduce risk for many diseases, including colorectal cancer.⁷ Phytochemicals are found in plant-based foods including fruits, vegetables, whole grains, nuts, seeds, and legumes. Phytochemicals can promote the self-destruction of cancer cells, stop damage that can lead to cancer, and fight inflammation. Diets high in red and processed meats have been linked to colorectal cancer. It is recommended to limit red meat intake to 4-6 3-ounce servings of red meat per week and limit processed meat intake, such as bacon, hot dogs, and ham, to very rarely.

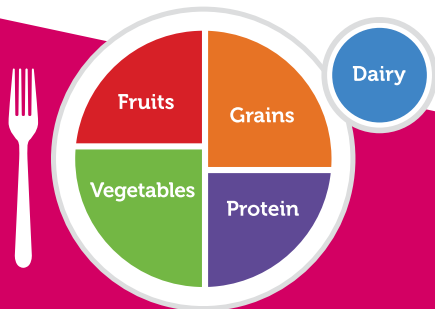
FAST STATS

- Individuals who identify as Black Americans are 20% more likely to be diagnosed with colorectal cancer and 35% more likely to die from it than all other racial and ethnic groups due to systemic and structural inequities.⁴
- Individuals who identify as Hispanic are screened at lower rates. Only 50% of Hispanics who are ages 50-64 years old are screened.⁵
- By 2030, it is estimated that colorectal cancer will be the leading cause of death for young adults ages 20-49 years old.⁶



ADDITIONAL HEALTHY EATING RESOURCES DURING AND AFTER DIAGNOSIS WITH COLON CANCER:

- [What to Eat After Diagnosis](#)
- [Four Colon Healthy Grilling Tips](#)



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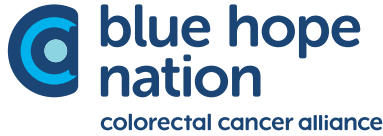
| | |
|------------------------------|-----------|
| FRUITS AND VEGETABLES | 1/2 PLATE |
| WHOLE GRAINS | 1/4 PLATE |
| FISH AND OTHER LEAN PROTEINS | 1/4 PLATE |
| LOW FAT OR FAT-FREE DAIRY | 3 CUPS |

- Food low in saturated and trans fats
- Low sodium options
- Low sugar options

Stories from the Field

Living with gastrointestinal cancer can complicate nutritional needs and tolerance of certain foods a patient may have been able to previously enjoy. This is especially true for patients who have undergone ostomy procedures, which surgically re-routes bodily waste to an external pouch attached to the body. People with ostomies can experience challenges with food absorption, nutritional deficiencies, and electrolyte imbalances. For example, fibrous foods can be a challenge for those with ostomies, as they can cause blockages within the digestive system. Despite this, many patients live well with ostomies, due in large part to partnership with care providers and communities of support like the [Alliance's Blue Hope Nation](#) and our dedicated patient navigators.

Our very own patient navigator, Stephanie Rouse, is a proud ostomate and has helped thousands of patients navigate through their ostomy journeys, both temporary and permanent.



TACKLING FOOD INSECURITY TOGETHER



"Breaking the stigma about ostomies is truly important and one of my goals is to help show that ostomy life doesn't hold you back from anything. I have had an ostomy for seven years and the Alliance's Ostomy Support Group has helped me navigate challenges with hydration, nutrition, and ostomy care."

Stephanie Rouse
Certified Patient Navigator, Colorectal Cancer Alliance

Take Action! Address colorectal cancer and hunger



CONVENE health care, food/hospitality, education, social service, and other community partners to identify and develop solutions to hunger and health barriers within the community.



PRIORITIZE increasing access to affordable food, health care and medication; addressing the social determinants of health; eliminating health disparities; and amplifying community voice.



BUILD TRUST through positive interactions and communication with communities and engage in developing strategies to address the unique and complex needs of people facing hunger, while eliminating bias, recognizing we are all in this together.



DESIGN culturally appropriate diet, nutrition, and health resources and make them available in local clinics, grocery stores, food banks and pantries, community centers, schools and places of worship.



ADVOCATE for policy, systems and environmental change approaches that support increased nutritious food access and improved health and well-being for community members in greatest need.

¹ Facts and Statistics about Colorectal Cancer. Colorectal Cancer Alliance. Accessed October 26, 2022. www.ccalliance.org/colorectal-cancer-information/facts-and-statistics

² Use of Colorectal Cancer Screening Tests | CDC. Published February 28, 2022. Accessed October 26, 2022. www.cdc.gov/cancer/colorectal/statistics/use-screening-tests-BRFSS.htm

³ Mendoza JA, Miller CA, Martin KJ, et al. Examining the Association of Food Insecurity and Being Up-to-Date for Breast and Colorectal Cancer Screenings. *Cancer Epidemiology, Biomarkers & Prevention*. 2022;31(5):1017-1025. doi: [10.1158/1055-9965.EPI-21-1116](https://doi.org/10.1158/1055-9965.EPI-21-1116)

⁴ Augustus GJ, Ellis NA. Colorectal Cancer Disparity in African Americans. *Am J Pathol*. 2018;188(2):291-303. doi: [10.1016/j.ajpath.2017.07.023](https://doi.org/10.1016/j.ajpath.2017.07.023)

⁵ Barzi A, Yang D, Mostofizadeh S, Lenz HJ. Trends in colorectal cancer mortality in hispanics: a SEER analysis. *Oncotarget*. 2017;8(65):108771-108777. doi: [10.18632/oncotarget.21938](https://doi.org/10.18632/oncotarget.21938)

⁶ Cercek A, Chatila WK, Yaeger R, et al. A Comprehensive Comparison of Early-Onset and Average-Onset Colorectal Cancers. *JNCL: Journal of the National Cancer Institute*. 2021;113(12):1683-1692. doi: [10.1093/jnci/djab124](https://doi.org/10.1093/jnci/djab124)

⁷ Veettil SK, Wong TY, Loo YS, et al. Role of Diet in Colorectal Cancer Incidence: Umbrella Review of Meta-analyses of Prospective Observational Studies. *JAMA Network Open*. 2021;4(2):e2037341. doi: [10.1001/jamanetworkopen.2020.37341](https://doi.org/10.1001/jamanetworkopen.2020.37341)



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