



Updated Guidance to Advance Previously Established Policy Principles on Nutrition, Physical Activity, and Obesity

Obesity, poor nutrition, and physical inactivity are second only to tobacco as major risk factors for cancer, responsible for approximately 186,000 cancer deaths each year.¹ While living a healthy lifestyle ultimately is an individual choice, substantial social, structural, economic and cultural barriers exist. Similar to efforts in tobacco control, multifaceted, population-based policy approaches could significantly improve nutrition and physical activity and reduce obesity rates by removing these barriers, changing social norms and increasing awareness.

The American Cancer Society Cancer Action Network (ACS CAN) supports a range of evidence-based cancer prevention strategies that promote healthy living and reduce barriers through targeted research, education, outreach, and health promotion programs, as well as advocacy (national, state, and local) with particular emphasis on addressing health disparities among the medically underserved.

ACS CAN believes that:

- **Everyone should be able to make healthy life choices about nutrition and physical activity by having easy, affordable, and equitable access to information, healthy foods, and safe, convenient places for physical activity.** To accomplish this, a comprehensive approach is required that reflects the diverse needs and cultural preferences of communities and populations and involves collaboration across industry, community organizations, employers, health plans, non-governmental organizations, and local, state and federal governments.
- **Accurate, easy to understand, culturally competent and consistent health messaging and information are critical to allow individuals to make healthy lifestyle choices.**
- **Improvements in nutrition and physical activity status and behavior will require changes in the health care system, workplaces, schools and the marketplace, and must reflect the diverse needs and cultural preferences of communities.**
- **Health services, behavioral, surveillance and evaluation research on fostering healthy behaviors and reducing barriers must have increased support to identify and advance the most effective health interventions and policies.**

The Cancer Link

The science linking nutrition, physical activity and excess weight to cancer risk is now well established.* Research studies are emerging to help understand the biological processes resulting from eating and physical activity behaviors that contribute to cancer and its prevention. Behavioral research studies can provide the evidence to apply effective strategies across populations to encourage people to adopt healthy behaviors. Promoting prevention through effective programs and policy change geared to

* See separate companion document, State of the Science Overview: Nutrition, Physical Activity and Obesity Link to Cancer.

educating about and enabling healthy lifestyles regarding these risk factors presents a monumental opportunity to reduce the cancer burden.

Poor Nutrition, Physical Inactivity and Obesity Trends

Approximately two-thirds of U.S. adults are currently overweight or obese.² The percent of obese adults more than doubled in the past 20 years and currently 34.0 percent of men and 36.4 percent of women are obese. In 1991, no state had an obesity rate higher than 20 percent; currently more than 20 percent of adults are obese in every state except for Colorado.³ Even more troubling is during the same time period, the percent of overweight adolescents more than tripled from five percent to 17.6 percent. These increases have occurred across race, ethnicity and gender -- no population is immune.⁴ About half of children who are overweight will remain so into adulthood and 70 percent of adolescents who are overweight will remain so as adults.⁵

It is critical that healthy behavior patterns are established early in childhood. Yet only one in five high school students eat fruits and vegetables five or more times each day and similarly, only about one in four adults report eating five or more servings of fruits and vegetables each day.⁶ Thirty-five percent of high school students meet recommended levels of physical activity of 60 minutes on more than five days per week and less than one-third of those students attend physical education classes daily.⁷ In addition, 35.4 percent of high school students report watching three or more hours of television each day.⁸ Adults report similar low rates of physical inactivity: 28 percent engage in vigorous levels of physical activity each day, 49 percent engage in moderate levels, and 23 percent report no physical activity.⁹

Advocating to Reduce Cancer Risk Factors Related to Nutrition, Physical Activity, and Obesity

Overweight and obesity represent a serious and growing health problem in the U.S. The increase in obesity is of particular concern for a number of populations, including children. Maintaining a healthy weight from childhood through adulthood can substantially reduce an individual's cancer risk, yet adults and children face substantial social, cultural, structural, and economic barriers that can make it difficult to follow diet and activity recommendations.

Maintaining a healthy weight can be achieved by balancing caloric intake with physical activity. Yet adults and children alike are not meeting recommended levels of physical activity. Reduced leisure time, increased reliance on cars for transportation, and increased availability of electronic entertainment, such as television viewing and video games, all contribute to reduced physical activity. In addition, poor access to sidewalks, parks and recreation facilities is associated with greater obesity risk, whereas neighborhoods that facilitate walking and safe places for physical recreation have lower obesity prevalence.

Poor nutrition is also a major contributor to overweight and obesity. Current trends towards increased portion sizes, as well as the consumption of high-calorie convenience foods, beverages and meals outside the home are contributing to the obesity epidemic. Adults and children are not consuming recommended amounts of vegetables and fruits and the largest percentage of calories consumed by Americans are from foods high in fat, sugar and refined carbohydrates.

Longer workdays and more households with multiple wage earners reduce the amount of time available for food preparation, with a resulting shift toward increased consumption of high-calorie food outside the home that is frequently less nutritious than foods prepared at home. Nutrition labels on foods are often confusing to consumers looking to purchase nutritious foods and many restaurants do not provide nutrition information at all. Additionally, marketing by food companies, supermarkets and restaurants often highlight the larger portion sizes and calorie-dense food.

Finally and most importantly, individuals and communities face different barriers to making healthy life choices that would reduce their cancer risk. Low-income, minority and rural areas have been associated with poor nutrition and obesity due to factors such as access to supermarkets, community safety and transportation to neighborhood parks and recreation facilities. It is critical that the populations most at risk are targeted with effective, culturally competent interventions and that their specific barriers are addressed.

June 2009

¹ American Cancer Society. *Cancer Facts & Figures 2009*. Atlanta: American Cancer Society; 2009.

² Ogden CL, Carroll MD, McDowell MA, Flegal KM. Obesity among adults in the United States---no statistically significant change since 2003--2004. NCHS data brief: no 1. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2007. Available at <http://www.cdc.gov/nchs/data/databriefs/db01.pdf>.

³ U.S. Centers for Disease Control and Prevention, "State-Specific Prevalence of Obesity Among Adults – United States, 2007," *MMWR* 57(28); 765-768, July 18,2008.

⁴ Ogden CL, Carroll MD, McDowell MA, Flegal KM. Obesity among adults in the United States---no statistically significant change since 2003--2004. NCHS data brief: no 1. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2007. Available at <http://www.cdc.gov/nchs/data/databriefs/db01.pdf>.

⁵ U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Washington, DC: US Department of Health and Human Services.

⁶ U.S. Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance – United States, 2007," *MMWR* 57(SS04), 1-131, June 6, 2008. U.S. Centers for Disease Control and Prevention, "Fruit and Vegetable Consumption Among Adults – United States, 2005," *MMWR* 56(10), 213-217, March 16, 2007.

⁷ U.S. Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance – United States, 2007," *MMWR* 57(SS04), 1-131, June 6, 2008.

⁸ U.S. Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance – United States, 2007," *MMWR* 57(SS04), 1-131, June 6, 2008.

⁹ U.S. Centers for Disease Control and Prevention, "Surveillance of Certain Health Behaviors and Conditions Among States and Selected Local Areas – Behavioral Risk Factor Surveillance System, United States, 2006," *Morbidity and Mortality Weekly Report (MMWR)* 57 (SS07), August 15, 2008.