

Healthy Eating, Active Living, & Cancer: Making Healthy Lifestyles a National Priority



The Cancer Link

Excess body weight, physical inactivity, excess alcohol consumption, and poor nutrition are major risk factors for cancer. Second only to tobacco use as a risk factor, the combination of these factors causes 18% of all cancers or nearly one-fifth of the 1.7 million cancer cases expected to be diagnosed in 2019.¹

Excess body weight increases the risk for several common cancers, specifically cancers of the female breast (postmenopausal),² colon and rectum,³ uterus,⁴ kidney,⁵ adenocarcinoma of the esophagus,⁶ pancreas,⁷ ovary,⁸ liver,⁹ gastric cardia,¹⁰ gall bladder,¹¹ thyroid,¹² meningioma,¹³ and multiple myeloma.¹⁴ The biological link between excess weight and cancer is believed to be related to multiple factors including fat and sugar metabolism, immune function, hormone levels and proteins that affect them, and other factors related to cell growth.^{15, 16} Maintaining a healthy body weight throughout life is key to reducing cancer risk, yet 71.6% of adults aged 20 and over are overweight or obese,¹⁷ and 30.8% of children aged 10 to 17 are overweight or obese.¹⁸ The prevalence of obesity among youth aged 2–19 years is 18.5% in 2015–2016.¹⁹



Nutrition

Poor diet, including the consumption of high-calorie foods and beverages, is a major contributor to excess weight and increases the risk of cancer. The American Cancer Society (ACS) recommends consuming a healthy diet, with an emphasis on plant foods, in order to reduce cancer risk. Recommendations include choosing foods and beverages in amounts that achieve and maintain a healthy weight, limiting consumption of processed and red meats, consuming fruits and vegetables and whole grains instead of refined grain products, and limiting alcohol intake for those who drink alcoholic beverages.²⁰ Recent research has found that non-smoking adults who followed the ACS guidelines for weight control, diet, physical activity, and alcohol consumption lived longer and had a lower risk of dying from cancer and cardiovascular disease.^{21, 22}

Physical Activity

Regular physical activity helps to reduce cancer risk through maintaining a healthy body weight, as well as through hormonal and metabolic effects. Physical activity may reduce the risk of 13 types of cancer, namely cancers of the esophagus, liver, lung, kidney, stomach, endometrium, colon, rectum, head and neck, bladder, and breast, and myeloid leukemia and myeloma.²³ ACS and other experts recommend that adults engage in at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity activity each week and that children and adolescents engage in at least one hour of moderate- or vigorous-intensity activity each day.^{24, 25} Physical activity may also be beneficial after a cancer diagnosis by reducing the risk of recurrence or death and improving quality of life.²⁶

Combating the Problem

Despite the evidence linking excess weight, poor nutrition, excess alcohol consumption, and physical inactivity to increased cancer risk, most Americans do not meet recommended nutrition and physical activity targets.²⁷ Social, economic, environmental, and cultural factors strongly influence individual choices about diet and physical activity. Reversing obesity trends and reducing the associated cancer risk will require a broad range of strategies that include policy and environmental changes that make it easier for individuals to regularly make healthy diet and physical activity choices.

The American Cancer Society Cancer Action Network (ACS CAN) is focused on public policies that help to create healthy social and physical environments and to provide consumers with clear, useful information that fosters healthy lifestyle choices.

ACS CAN at the Federal Level

ACS CAN's federal advocacy work is largely focused on protecting and implementing recent improvements in school nutrition and food labeling, increased access to evidence-based obesity screening and weight-loss interventions, and funding for evidence-based prevention programs. ACS CAN also advocates for ensuring that the federal government's influential diet and physical activity guidelines reflect the current science on cancer risk.

School Nutrition

ACS CAN supports maintaining and continuing to implement evidence-based national school nutrition standards for school meals and snacks, including foods and beverages sold a la carte, in vending machines, and in school stores. Thanks to improvements in the nutritional quality of school meals, school breakfasts and lunches have more, and a greater variety of, fruits and vegetables, more whole grains, and age-appropriate portion sizes. The more than 95 percent of school districts successfully meeting the updated nutrition standards for school lunch and breakfast are eligible for increased federal reimbursement. ACS CAN opposes any efforts to weaken or roll back these important cancer-prevention policies.



Nutrition Labeling

ACS CAN supports federal policy changes that increase access to calorie and other nutrition information that makes it easier for people to make healthier choices, regardless of where they purchase their food. ACS CAN opposes any effort to weaken or to delay implementation of existing nutrition-labeling laws.

In particular, ACS CAN supports updating the Nutrition Facts label to include added sugars—which provide excess calories without any nutritional benefit—and format changes to make calorie and serving size information more prominent as calories are the most important information for managing weight. ACS CAN opposes any further delays in implementing the Nutrition Facts and Supplement Facts label final rule and the Serving Size final rule.

In addition, ACS CAN supports efforts to strengthen the definition of “healthy” as a nutrition label, to improve the labeling of whole grains, and to consider options for front-of-package nutrition labeling programs to increase consumers' awareness of the nutritional value of their food purchases.

Insurance Coverage

Preventive health services, including obesity screening, counseling, and behavioral interventions for both children and adults, currently must be covered with no cost sharing by most private insurance plans, Medicare, and Medicaid expansion plans. ACS CAN supports implementation of these coverage requirements and advocates that states also cover preventive services with no cost sharing in traditional Medicaid plans. (States that include this benefit in their Medicaid plans receive an incentive of increased federal funding.)

Federal Diet and Physical Activity Guidelines

ACS CAN strongly advocates that the federal *Dietary Guidelines for Americans* (currently being updated) and *Physical Activity Guidelines for Americans* reflect the current science regarding diet, physical activity, and cancer risk. These guidelines help Americans lead a healthy lifestyle, including lowering their risk of cancer, and form the basis of all federal policies and programs. They also inform many private and state and local initiatives on nutrition and physical activity.

ACS CAN at the State and Local Levels

ACS CAN also advocates for a range of public policy changes at the state and local levels that make it easier for children and adults to eat a healthy diet and to be physically active, thereby reducing their long-term cancer risk. While ACS CAN may work on these policies at multiple levels of government, the policies below are priorities with particular opportunities for state and local action.

Funding for Research and Programs: ACS CAN supports protecting and increasing government investments in research and policies and interventions to reduce overweight and obesity, to improve nutrition, to increase physical activity and to reduce inactivity, with the ultimate goal of reducing cancer incidence and mortality.

School Nutrition: ACS CAN supports establishing, maintaining, strengthening, and implementing evidence-based nutrition standards for all foods and beverages sold, served, or marketed in schools, before, during, and after regular school hours.

Physical Education and Physical Activity in Schools: ACS CAN advocates for increasing the quantity and improving the quality of K-12 physical education, supplemented by additional opportunities for school-based physical activity.

Active Transportation and Recreation: ACS CAN advocates for providing funding for infrastructure and programs such as Safe Routes to School and Complete Streets to create additional opportunities for physical activity. This also includes establishing agreements for community members to share physical activity facilities.

Sugary Drink Taxes: ACS CAN supports well designed policies to increase the price of sugary drinks relative to healthy beverages through excise taxes. Dedicating the revenue to healthy eating and active living interventions and other public health initiatives can then fund these important programs.

Healthy Vending in Public Places: ACS CAN supports establishing nutrition guidelines for foods and beverages provided or sold in government sites to increase access to healthy options.

Healthy Food Access and Affordability: ACS CAN advocates for enacting policies and incentives to encourage retailers to offer healthy food and beverage options and to locate healthy food retailers in underserved areas.

Healthy Restaurant Meals: ACS CAN supports Improving the nutritional quality of food and beverage options in restaurants, particularly for children’s meals, and promoting healthier options.

Insurance Coverage for Weight Management: ACS CAN advocates for ensuring access to adequate insurance coverage for recommended prevention, screening, diagnosis, and treatment of obesity for both cancer prevention and survivorship. Access to these preventive services should be provided without cost sharing. Cancer survivors should also have access to nutrition and physical activity support services both during and after treatment.

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

References

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