



World
Cancer
Research Fund



American
Institute for
Cancer Research

EXECUTIVE SUMMARY

Policy and Action for Cancer Prevention

Food, Nutrition,
and Physical Activity

With an Added US Perspective



WORLD CANCER RESEARCH FUND GLOBAL NETWORK

Since its foundation in 1982, the American Institute for Cancer Research (AICR) has been dedicated to the prevention of cancer through food and nutrition, and more recently through physical activity and weight control. AICR and its international affiliates in the World Cancer Research Fund Global Network share the same vision, heritage and mission.

The umbrella organization WCRF International provides scientific and administrative services to its country members.

OUR VISION

We help people make choices that reduce their chances of developing cancer.

OUR HERITAGE

We were the first cancer charity

To create awareness of the relationship between diet and cancer risk.

To focus funding on research into diet and cancer prevention.

To consolidate and interpret global research.

To create a practical message on cancer prevention.

OUR MISSION

Today AICR and the WCRF global network continues

Funding research on the relationship of nutrition, physical activity and weight management to cancer risk.

Interpreting the accumulated scientific literature in the field.

Educating people about choices they can make to reduce their chances of developing cancer.

The World Cancer Research Fund global network consists of the following charitable organizations:

American Institute for Cancer Research (AICR)

World Cancer Research Fund UK (WCRF UK)

Wereld Kanker Onderzoek Fonds (WCRF NL)

World Cancer Research Fund Hong Kong (WCRF HK)

Fonds Mondial de Recherche Contre le Cancer (WCRF FR)

As well as the umbrella organization World Cancer Research Fund International

Preface

Most cancers—and several other serious chronic diseases—are largely preventable by not smoking and by following recommendations regarding diet, physical activity, and weight. This executive summary of the 2009 World Cancer Research Fund/American Institute for Cancer Research (WCRF/AICR) Report on policy and action introduces readers to that document and its global perspective. In addition this summary provides a US perspective. It outlines rational and effective public policies and programs in which all actors at all levels—from the federal government to health and other professional organizations to citizens—can play essential parts. Throughout, it also contains passages and sections prepared for the United States. Those passages address challenges and successes, and they identify policies and actions especially likely to be relevant from a US perspective. Six distinguished scientists from the United States served as members of the expert panel responsible for the Policy Report.

The 2009 WCRF/AICR Policy Report and this summary are concerned with cancer and other chronic diseases, and they take a broad public health approach. They focus on food and nutrition, physical activity, body weight, and breastfeeding. The vital importance of not smoking or of not using other tobacco products and of avoiding exposure to tobacco smoke, as well as other public health measures, is also emphasized.

Messages

Childhood obesity and adult obesity are a massive and growing public health crisis. Overweight and obese people are more likely to suffer from heart disease and other serious conditions, including common cancers. It has even been suggested that the new generation of young people growing up in the United States may suffer more illness and, on average, have shorter lives than their parents and grandparents have had. Serious chronic diseases usually afflict low-income people more than rich people. The positive message is that societies, communities, households, and individuals who consume healthy diets and who are physically active are better able to control their body weight, are better protected against chronic diseases, and are more likely to enjoy good health and an active life in older age.

Challenges

The 2009 WCRF/AICR Policy Report and this executive summary show that chronic and other disorders and diseases are not caused just by fate or unwise individual choices. In all societies, the causes of disease and of well-being are not just personal. They are largely

General recommendations of the 2007 WCRF/AICR Diet and Cancer Report

BODY FATNESS

Be as lean as possible within the normal range of body weight

PHYSICAL ACTIVITY

Be physically active as part of everyday life

FOODS AND DRINKS THAT PROMOTE WEIGHT GAIN

Limit consumption of energy-dense foods
Avoid sugary drinks

PLANT FOODS

Eat mostly foods of plant origin

ANIMAL FOODS

Limit intake of red meat and avoid processed meat

ALCOHOLIC DRINKS

Limit alcoholic drinks

PRESERVATION, PROCESSING, PREPARATION

Limit consumption of salt
Avoid moldy cereals (grains) or pulses (legumes)

DIETARY SUPPLEMENTS

Aim to meet nutritional needs through diet alone

BREASTFEEDING

Mothers to breastfeed; children to be breastfed

CANCER SURVIVORS

Follow the recommendations for cancer prevention



This box shows the general recommendations of the 2007 WCRF/AICR Diet and Cancer Report, whose findings and recommendations, largely derived from systematic reviews of the literature, form the basis for the 2009 WCRF/AICR Policy Report. The 2007 Report also includes more detailed public health goals and personal recommendations, which are quantified where appropriate. The 2009 Policy Report's public policy recommendations, listed in full on pages 7-17, also largely derive from systematic and other reviews of a wide and diverse literature on the physical environmental, economic, and social determinants of patterns of diet, physical activity, body composition, and breastfeeding, because these determinants modify the risk of cancer. The 2007 and 2009 Reports are available at <http://www.dietandcancerreport.org>.

determined by environmental, economic, political, and social factors. Good health is a human right and is a key responsibility of all actors. Important actors include policy makers in governments; non-governmental organizations (NGOs) and industry; health professionals; and people in their roles as community, family, and household members, as well as individuals. The right response at all levels from federal and state governments to local communities—especially in the challenging social, economic, and environmental circumstances now affecting us all—is to work together to make healthy choices the easier choices.

Equity

The panel was chaired by Michael Marmot, who was also the chair of the World Health Organization Commission report on *Social Determinants of Health*.

As in the Robert Wood Johnson Foundation's report *Commission for a Healthier America*, published at the end of 2009, the vital importance of equity in all its aspects is emphasized in the Policy Report, as well as here. The fact is that many millions of people who live in the United States are not free to choose healthy ways of life for their families or themselves. There is a limit to what even the most privileged people can do to protect themselves against cancer and other diseases so they can enjoy good health throughout life. Vulnerable people, including those on low incomes, children, and people who are infirm or sick, have less scope for choice. This threatens health and, in addition, impedes the opportunities for children to learn and grow well or for adults to hold down rewarding jobs and build for the future. Effective policies and actions to

prevent cancer and other chronic diseases will give communities, families, and individuals, especially the most vulnerable and disadvantaged, a better way of life in many respects that extend beyond cancer prevention.

Actions

Wise policies and programs enable and encourage healthy choices, and they enhance our enjoyment of life. These programs can include statutory regulations specified in the public interest, such as those that control traffic, limit cigarette advertising, and protect wilderness areas.

This executive summary, the reports from which it is derived, and the systematically reviewed evidence on which they are based, all point to the need for collective action. The science-based recommendations to prevent cancer and other chronic diseases are listed on the right-hand side of the previous page. The identification of those recommended policies and actions most relevant for the United States are specified on pages 7-20 of this summary.

We are living in exceptionally challenging times that are also times of great opportunity and hope. This document and the Policy Report from which it is derived are offered as a rational basis for, and a spur to, a great new public health movement in which all work together in the interests of health for all and the common good.

Marilyn Gentry

President, American Institute for Cancer Research

The need for action

Overall incidence of cancer in the United States is gradually declining (though less so in women, especially black women) but is coming from a high level compared with most other countries. Cancer mortality is declining in all groups. Information and education programs, screening, early detection, and medical and surgical interventions can all reduce the incidence of, severity of, or deaths from cancer. The best evidence shows that most cancers are largely preventable and that rational policies and concerted actions will reduce cancer rates.

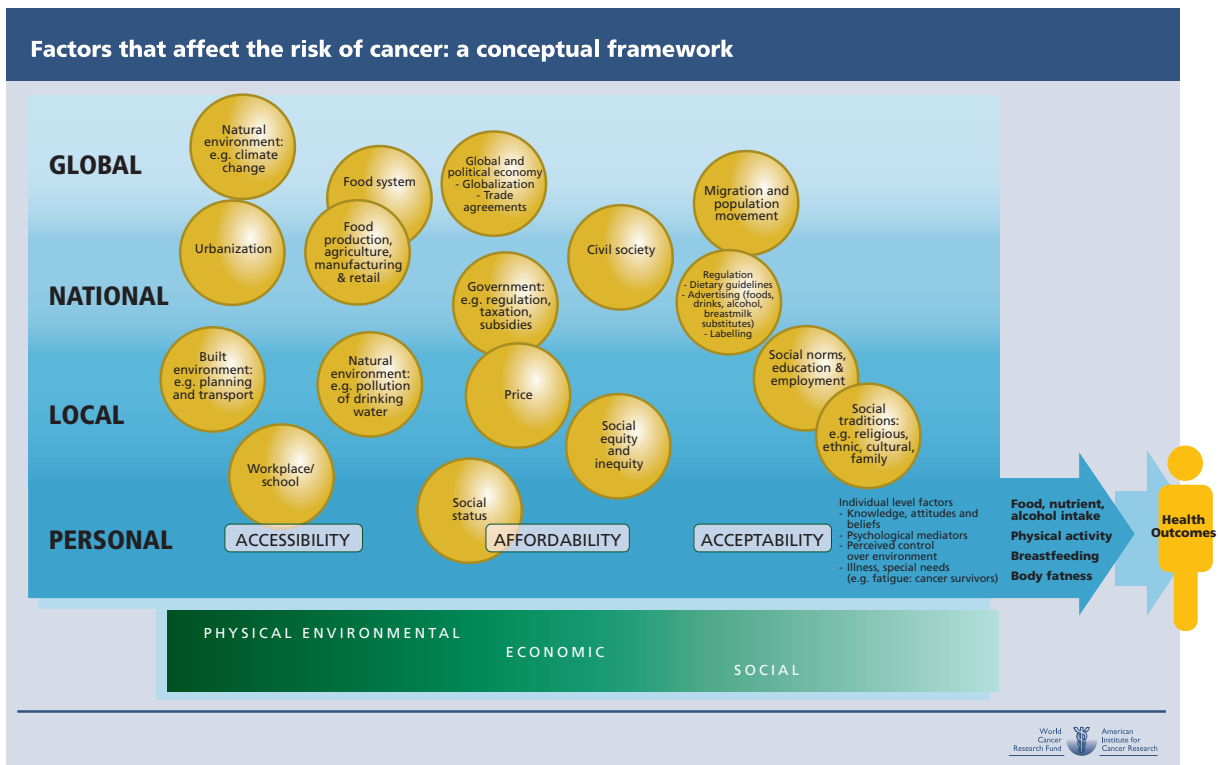
Throughout the world, about 11 million people are diagnosed with malignant cancer every year. About a million and a half cases are now diagnosed every year in the United States. The incidence of cancer is slowly declining in most US groups, but from a high level compared with overall global incidence. The United States contains roughly 5 percent of the world’s population, but cancer incidence here is

about 12 percent of the global figure. In the United States, cancer five-year survival rates are comparatively good, having improved overall from 50 percent in 1975 to the current 68 percent. The United States now has almost 11.5 million cancer survivors.

Overall worldwide, the burden of cancer is projected to increase. Three reasons for this increase are (a) the increasing rates of overweight and obesity and of sedentary ways of life; (b) aging populations; and (c) particularly in lower-income countries, the increase in smoking, in other use of tobacco, and in exposure to tobacco smoke.

Modern life

All over the world, populations have shifted from rural areas into cities, have become more sedentary, and are consuming increasing amounts of processed foods and drinks. In the United States in the past few generations, the shift from the countryside to cities has been dramatic. In this context, food supplies have become plentiful and usually increasingly



Personal and population risk of cancer is mostly determined by external factors, as this figure shows. Once people are made aware of what affects their risk of cancer—and other diseases—what they do might seem to be a simple matter of personal choice. However, in reality, many factors shape patterns of diet, physical activity, body composition, and breastfeeding. Those factors, some named in the figure, can be categorized into physical environmental, economic and social, and personal. They shade into one another, as indicated by the gradation of color in the horizontal green bar. All the factors operate at all levels—global, national, local, and personal. These also shade into one other, as indicated by the gradation of color in the blue background. When experienced at the personal level, the environmental, economic, and social determinants affect the accessibility, affordability, or acceptability of foods and drinks, breastfeeding, and physical activity.

Estimates (PAF%)¹ of cancer preventability by appropriate food, nutrition, physical activity and body fatness² in the USA

	By appropriate food, nutrition, and physical activity and body fatness ²	By appropriate body fatness only ^{2,3}	
		Male	Female
Stomach	47	-	-
Pancreas	39	34	25
Gallbladder	21	11	28
Liver	15	-	-
Colorectum	45	16	3
Breast	38	-	17
Endometrium	70	-	49
Prostate	11	-	-
Kidney	24	20	28

1. These values are percentages calculated as Population Attributable Fraction (PAF) rounded to the nearest whole number and are based on several assumptions. There is a range of likely plausible figures around these point estimates, but they represent the most likely estimates.
2. Based on the conclusions of the 2007 WCRF/AICR Diet and Cancer Report.
3. Estimated for those cancers of which body fatness is a cause (based on the conclusions of the 2007 WCRF/AICR Diet and Cancer Report).



processed and energy dense, and ways of life have become increasingly sedentary. The result has been rapid increases in overweight and obesity and in chronic diseases such as cancer. Even heart disease, which has been declining, may increase again with these changes.

External forces

These trends are shaped by other forces beyond the control of individuals and in many cases localities or even national government (referred to as “external forces”) that have become more powerful—most of all since the 1980s. As shown in the figure on page 3, these determinants of patterns of diet, of physical activity, of body composition, and of breastfeeding, and thus of associated states of health, can be categorized as environmental, economic, and social. Some determinants may seem obvious. Other factors, such as cities designed for motorized transport, agriculture subsidies, and standards for school meals, and “big picture issues” such as economic globalization, climate change, and the effect of economic recession on food systems, may be less obvious, but they also shape food supplies and opportunities for physical activity. At the personal level, these factors all influence the accessibility, affordability, or acceptability of healthy patterns of diet and physical activity and of breastfeeding and thus influence the degree of risk of cancer and of other diseases.

Most cancers are largely preventable by following the recommendations of the 2007 WCRF/AICR Diet and Cancer Report, by not smoking, and by avoiding other types of exposure to tobacco. The table on the left is based on new analyses for the 2009 Policy Report and includes cautious estimates of the extent to which cancer is preventable in the United States if the healthiest diet and activity patterns that some people follow were followed by everybody.

The column on the left shows the proportion of 9 common cancers that are estimated to be preventable in this way. The two right-hand columns show what proportion of those cancers have body fatness as a cause and are preventable through maintaining appropriate body composition alone. The figures are likely to be underestimates.

Medical approaches

Established approaches to cancer include research into its biological causes; public information and education programs; surveillance, screening, and early detection; medical and surgical treatment; and palliative care. These approaches are vital and necessary, but they are not sufficient. In particular on a population basis, the costs of treating cancer place an intolerable burden on the economies and on human and other resources of even high-income countries.

The need for prevention

If nobody smoked or was exposed to tobacco in other ways, it is generally estimated that about one-third of all current cases of cancer around the world would not occur. This figure will decrease as levels of smoking decrease, as they have done in the United States. New analyses undertaken for the 2009 WCRF/AICR Policy Report show that following healthy patterns of diet and physical activity, as set out in the 2007 WCRF/AICR Diet and Cancer Report, has the potential to prevent about a third of the most common cancers in the United States and other high-income countries. Estimates of preventability of common cancers in the United States are shown in the table above. The table indicates that concerted action is needed now to control and prevent cancer. Such action, when soundly based on good evidence and when carefully monitored and improved, is most likely to succeed.

The 2007 and 2009 WCRF/AICR Reports

The 2007 and 2009 WCRF/AICR Reports are available for downloading at <http://www.dietandcancerreport.org>. The website also includes order forms for purchasing the reports.

Evidence and evaluation

The 2009 WCRF/AICR Policy Report’s findings are derived from evaluation of the best evidence available, as summarized here. They focus on the overall effect of external factors on patterns of diet, physical activity, body composition, and breastfeeding and thus on the risk of cancer. “Big picture” issues are also taken into account.

Evidence

The evidence forming the basis for conclusions and recommendations in the 2009 WCRF/AICR Policy Report was assembled as specially commissioned, independent, systematic reviews of a wide and diverse literature. These reviews were supplemented by examination of further literature.

As indicated by the conceptual framework shown on page 3, the evidence was structured in terms of environmental, economic, social, and personal dimensions and of aspects of those dimensions that shape patterns of diet, physical activity, body composition, and breastfeeding. The panel then evaluated the feasibility, acceptability, and effect of public policies and actions on the basis of such evidence along with estimates of how costly they would be and their time frame and transferability.

Physical environmental dimension

This dimension includes both the living and the physical worlds. The panel agreed that the following topics needed to be taken into consideration. In some cases evidence is substantial. In other cases, such as climate change, by their nature evidence has only now begun to accumulate, but the panel agreed that this was not a reason to ignore them:

- *Climate and terrain*, notably climate change and contamination of water
- *Food production*, notably industrial food production, animal production, small farms, and aflatoxin contamination
- *Retail and restaurant and food service environments*, specifically access, advertising, and marketing
- *Planning and transport*, notably facilities for breastfeeding, availability of parks and leisure and sports areas, and transportation systems

Economic dimension

The following topics were taken into consideration:

- *Economic globalization*, specifically global food trade rules and monitoring of the effect of globalization on food systems
- *Availability and price*, including agricultural and other subsidies, as well as taxes and other disincentives on unhealthy foods, on alcoholic and other unhealthy drinks, and on private vehicles, plus financial and other support for healthy food and drink and for physical activity
- *Food and drink processing*, in particular reformulation of food and drink products, standard explicit food labeling, and reduction of portion sizes

- *Product advertising and marketing*, including of unhealthy foods and drinks to children and of infant formula and weaning foods, and promotion of healthy ways of life
- *Income status and equity*, specifically reduction of absolute poverty, social exclusion, and income inequities

Social dimension

The following topics were taken into consideration:

- *Ethnicity and culture* and how they affect relevant ways of life, the significance of traditional diets, and the promotion of a culture of breastfeeding
- *School and work*, specifically nutrition and physical activity within the school curriculum; nutrition standards for school meals; limiting the availability of unhealthy foods and drinks in schools and workplaces; and encouragement of healthy eating, physical activity, and facilities for breastfeeding in workplaces
- *Social status and equity*, in particular reduction of social inequities and exclusion
- *Multinational bodies and national governments*, including legislation and regulation designed to improve diets, increase physical activity, and control obesity among whole populations and in schools and other institutions, plus information and education campaigns
- *Civil society*, the role of non-governmental organizations as advocates and of health professionals intervening in community, school, and workplace settings

Personal dimension

The following topics were taken into consideration:

- *Communities, families, and individuals*, including encouragement of regular preparation and cooking of meals, support of breastfeeding by partners and other family members, building of regular physical activity into everyday life, and support of community and other civil society groups.
- *Knowledge, attitude, and beliefs*, specifically inclusion of family members in interventions, and promotion of the value of breastfeeding, especially early in pregnancy
- *Physical and psychological states* and how these elements affect relevant ways of life
- *Personal characteristics*, in particular the effects of age, sex, and body size and the promotion of physical activity especially to children and young people

Judgments

Thus summarized, the evidence was then rated, in two ways: First, the confidence in the evidence; and then the potential effect of policies and actions based on this evidence. Evaluations of “high” or “medium” in both these aspects indicated that public policy actions were relatively likely to be effective. In this way, it has been possible to generate sets of guiding principles and recommendations, as shown in the following sections.

Principles

Analysis of the evidence shows that the policy and action recommendations in the next pages are likely to be feasible, acceptable, achievable, beneficial, and effective. The recommendations are also guided by seven interrelated principles, summarized here.

1. Action is needed

Incidence and trends of cancer and of obesity—a cause of a number of cancers—now amount to a global public health crisis. More can be learned about the causes of cancer and of obesity, but enough is known to justify policies and actions at all levels, from international to personal.

2. The public health approach

Public health is a public good. Citizens have a right to expect that decisions determining availability of foods and drinks and of opportunities for physical activity in any societal sector are made with public health as a top priority.

3. All actors to work in concert

To be effective, policies, programs, and actions designed to prevent cancer among populations need to ensure that all relevant actors are partners in the planning and enactment of policies. Actors are those who make decisions and policies within relevant organizations and contexts. (See figure on this page.)

4. Prevention over the life course

The recommendations are designed as the basis of programs and practices throughout the course of life, with special emphasis given to actions that protect the short- and long-term health of all individuals.

5. Cancer in context

Recommendations of all types designed to prevent cancer will be most effective when they are integrated with those designed to prevent obesity, other chronic diseases, and other diseases with broadly similar causes—as they are here.

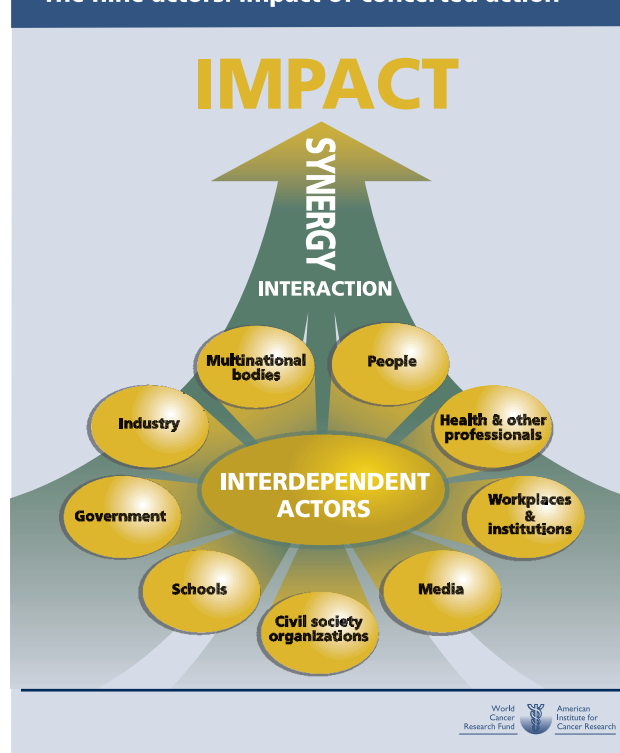
6. Aspiration and achievement

Effective recommendations combine a number of qualities. Those specified in this report are designed to be positive and challenging but feasible, sustainable, and equitable.

7. Strategic action

Cancers often take a long time to become apparent. The processes by which public policies are agreed upon and enacted and take effect will also take a long time. Policy makers and opinion leaders need to set goals and to specify long-term and realistic expectations.

The nine actors: impact of concerted action



Achieving healthy patterns of diet and sustained physical activity requires concerted and integrated action from all sectors of society. The recommendations in the section that begins on the next page are directed at nine groups of actors, as shown in this figure. (For the definition of “civil society organization,” see footnote 1 in the box on page 9). The effect of policies and actions depends on successful interactions between all the actors. The recommendations do not stand alone; all depend to some extent on action being taken elsewhere. In some cases, one action depends on another. In others, the benefit from two or more actions will be greater than the sum of them separately; thus, the benefit is “synergistic.”

Recommendations with special relevance for the United States

In the pages that follow, more than 50 aims and recommendations are listed as important, feasible, achievable, and potentially effective globally. Of those listed, 14 have been selected as having special relevance in the US context, and they all have accompanying text designed to fit with circumstances in the United States.

GOVERNMENT¹**AIM**

Use legislation, pricing, and other policies at all levels of government to promote healthy patterns of diet and physical activity

RECOMMENDATIONS

Examine, audit, and revise legislation and regulations so that they protect public health and prevent disease, including cancer²

Ensure that built and external environments are designed and maintained in ways that facilitate physical activity and other healthy behavior²

Encourage safe, nutrient-dense, and relatively unprocessed foods and drinks and discourage sugary and alcoholic drinks, ‘fast food’, and other processed foods^{2,3}

Require schools to provide meals to high nutritional standards and facilities for recreation and sport, and to include nutrition and physical activity in core curricula²

Require all government and publicly funded facilities that provide food service to ensure that their meals, foods, and drinks are of high nutritional quality²

Require widespread dedicated walking and cycling facilities throughout built and external environments

Restrict advertising and marketing of ‘fast food’ and other processed foods³ and sugary drinks to children, on television, in other media, and in supermarkets²

Incorporate UN recommendations on breastfeeding into law or appropriate public health and consumer protection rules²

Give greater priority to research on, and programs to improve, public health including the prevention of cancer and other diseases²

Establish and maintain publicly funded information and education on, and surveillance of, food, nutrition, and physical activity status

Ensure that international food trade and aid sustains future health as well as providing immediate relief for populations in recipient countries

1. Policy makers and decision makers in federal state, local government and its agencies. Relevant government departments include the Office of the President, agriculture, commerce, education, energy, health and human services, housing and urban development, state, justice, labor and transportation. Also includes publicly funded agencies and institutions whose work affects public health. Federal government, international trade and aid agencies are also included here.

2. By means of legislation, pricing, or other regulation unless there is good independent evidence that existing voluntary codes have been proved to be effective.

3. “Processed foods” here means those relatively high in sugars, refined starches, fat, or salt.

**Why this actor**

Public health is a public good. Select government agencies—at all levels from federal to state, from city to local—necessarily have the chief and central responsibility for protecting, maintaining, and improving public health. This responsibility includes the prevention and control of obesity and of chronic diseases such as cancer.

Adverse effects of modern economic policies on welfare and health have become more evident in this century, particularly following the economic crisis that began in the second half of the first decade. As a result, some governments throughout the world are now becoming more inclined to accept their central responsibility for the protection of public health.

Medical approaches will remain essential to screen for, to detect, and to treat diseases but, by their nature, cannot deal with the underlying and basic environmental, social, and economic causes of diseases such as cancer.

Also by its nature, government is responsible for legislation. The improvement and maintenance of population health require the wise use of law in the public interest, as well as commitment from legislators and the executive branch working as leading partners with the other actors specified here.

Government departments and agencies concerned with health are not the only ones that have an effect on public health. Other government departments whose policies and actions affect public health include those responsible for science, employment, environment, social security, housing, education, foreign affairs, domestic affairs, justice, and transportation. The same issues apply at the state and city levels.

Reasons for aim

Public health is—and needs to be—protected by laws and regulations enacted in the public interest, whose general purpose is to enable and encourage the human rights to life, liberty, and the pursuit of happiness. Such laws are often designed to safeguard communities and to protect well-being. Familiar examples that are generally agreed to be desirable include regulations about the use of cars, drugs, guns, and parks, as well as laws that govern immigration, property, education, and protection of children. Other laws that protect public health are concerned with disposal of sewage and waste, control of infectious diseases, restriction of tobacco use, and—within the scope of this report—restriction of alcohol consumption.

The use of statutory regulation in the United States, designed to improve the quality of patterns of diet and of physical activity, to control and prevent obesity, and to encourage breastfeeding, remains contentious. However, the evidence that choice is influenced by pricing and other fiscal policies that affect the affordability and availability of products is compelling. Further, the evidence in favor of carefully selected regulation in such areas is sufficiently strong to be a sound basis for carefully selected and designed public policies and actions that are led by government. Thus, the use of mandatory regulation applied to urban design and to the advertising and promotion of foods and drinks, especially when these affect children and young people, can

potentially have profound influences on patterns of physical activity and of food and drink consumption.

Relevant recommendations for the United States

Examine, audit, and revise legislation and regulations so that they protect public health and prevent disease, including cancer.

Much national government legislation and regulation affects public health. Much if not most of such legislation was not devised and enacted with public health in mind.

Thus, many legal and fiscal policies—sometimes but not always enacted with public health as an intended consequence—distort food systems and supplies. One well-known example is the price support systems for major food commodities such as corn and sugar. Another is the built environment that includes transportation regulations principally designed to accommodate more vehicles, which, in turn, can have the effect of increasing or decreasing opportunity for physical activity.

Ideally, a comprehensive examination and audit, whose purpose is to identify legislation, regulation, and codes of practice that could be revised or strengthened to include protection and improvement of public health is needed.

Such a comprehensive review would ensure that current statutory and other regulations do not have the effect (a) of making healthy food artificially expensive, (b) of creating artificially cheap food and drink that increases the risk of cancer and other diseases, or (c) of impeding physical activity or opportunities to breastfeed.

Restrict advertising and marketing of “fast food” and other processed foods and sugary drinks to children, on television, in other media, and in supermarkets.

Heavy advertising and marketing of processed energy-dense food, including fast food and sugared drinks—in particular by transnational corporations with extremely large promotion budgets—to children on television and in other media, increases consumption of those products. Such marketing is a probable cause of overweight and obesity, especially among children, the increase of which—especially since the 1980s—has become an epidemic.

It is now generally agreed, including to some extent by those sectors of industry responsible for the manufacture and sale of such products, that their promotion to children—often defined as children under the age of 12—should be restricted. The view of industry is that self-regulation is or can be sufficient. The evidence does not support this view. Restriction needs to include statutory regulation and the use of pricing and other policies to make healthy foods and drinks more available and affordable. Promotion of processed energy-dense, unhealthy foods, including fast foods, and sugary drinks to children should be discouraged.

Incorporate UN recommendations on breastfeeding into law or appropriate public health and consumer protection rules.

The US Department of Health and Human Services resolutely advocates breastfeeding and, in particular, exclusive breastfeeding. Its reasons for doing so and its recommendations are similar to those promoted by the World Health Organization (WHO) and the United Nations (UN) Children’s Fund in the UN publication titled *Global Strategy for Infant and Young Child Feeding*.

Enabling and encouraging breastfeeding is an outstanding example of a public health priority that needs to be translated into global policies and actions that are adapted to be effective in different countries, cultures, and circumstances. In every country including the United States, women of childbearing age need to be educated and informed about the value of breastfeeding for their own health as well as that of their children, both before they become pregnant and throughout pregnancy as well as after childbirth. Nursing mothers also need support in the form of laws, regulations, and guidelines that make breastfeeding natural, feasible, and pleasant at their workplaces and in public buildings and locations.

Correspondingly, UN and national strategies and codes of practice designed to restrict or prohibit the promotion of artificial formula for infants, which increases consumption of those products and discourages breastfeeding, need to be upheld in the United States and generally.

Promotion of processed and often expensive weaning foods also needs to be restrained in favor of encouragement of sustained breastfeeding and then weaning to safe, whole fresh foods.

Give greater priority to research on and programs to improve, public health including the prevention of cancer and other diseases.

Government has a major responsibility to provide resources and to ensure capacity for programs designed (a) to support research, (b) to guide relevant professions and the public, and (c) to monitor the health of populations.

Screening for and early detection of cancer, plus medical treatment and palliative care, will remain central to the policy and practice of cancer treatment and control. However, as stated, such medical approaches do not address the underlying and basic causes of disease, and any approach to cancer after it has been detected may be at a late stage in the cancer process.

The same general point applies to research. Investigations into the nature of disease and of its pathology are essential. But much more priority needs to be given to developing policies, and to monitoring and evaluating actions, that are designed to reduce the risk of disease and that increase good health and well-being.

This recommendation implies a revision of government priorities, in order to determine the effect of policies and actions on public health, and to commit necessary resources to protect and promote public health, including the prevention of diseases such as cancer.

CIVIL SOCIETY ORGANIZATIONS¹

AIM

Create, advocate, and develop sustainable policies and actions that ensure healthy food, nutrition, and physical activity for all

RECOMMENDATIONS

All civil society organizations

Create, develop, and press governments and other actors² to implement effective policies and programs for nutrition and physical activity

Civil society organizations concerned with public health

Hold other actors to account regarding their policies and actions on food, nutrition, and physical activity, including the prevention of cancer

Mobilize the media and public opinion in support of improved public health, including healthy nutrition, sustained physical activity, and the prevention of cancer

Form alliances with associated civil society organizations including those concerned with public policy, justice, equity, and environmental protection

Advocate traditional cultures and ways of life when these generate healthy, diverse, and sustainable dietary patterns and regular physical activity

1. International, national, and local civil society organizations. Includes public interest and consumer organizations, professional and scientific bodies, political parties, trades unions, religious groups, women's groups, and small farming and fishing cooperatives. Excludes industry and business interest organizations, and the media.

2. All other actors are multinational bodies, industry, media, schools, workplaces and other institutions, health and other professionals, people, and other civil society organizations.



Why this actor

The term *civil society organizations* (CSOs), as defined and used here, means organizations, often charitable, set up in the public interest. It does not include the private sector. The term *non-governmental organization* (NGO) is more or less synonymous. Such organizations are an essential and vital part of democratic societies. They advocate, develop, and sustain public policies, often in association with multinational bodies, national governments, and industry, as well as by use of the media, and they frequently take the initial lead in such work.

Good governance requires pressure and guidance from representative and accountable CSOs that represent important public interests, such as the environment, mothers and women of childbearing age, impoverished communities, the quality of urban and rural neighborhoods, and special interest groups such as cyclists and runners.

Two leading CSOs specifically concerned with the prevention of cancer include the American Cancer Society (ACS)

and the American Institute for Cancer Research (AICR). AICR, together with its global counterpart the World Cancer Research Fund International, has been responsible for the 2007 and 2009 Reports from which this executive summary is derived. In the United States, the leading organization concerned with public health in general is the American Public Health Association.

Reasons for aim

Governance is now more complex than it was a century or even a generation ago. Politicians and civil servants increasingly depend on specialist CSOs to draft, review, and monitor legislation and to advise on public policies and actions. Legislation is often developed and agreed to by multinational bodies and national governments; it is initially drafted by experts who have legal, scientific, and other technical qualifications and who work within civil society. Policies and actions proposed by multinational bodies, national governments, or industry are often considered only after pressure from citizens and their representative organizations, followed by sustained support, if the policies are to succeed.

Relevant recommendations for the United States

Civil society organizations concerned with public health
Mobilize the media and public opinion in support of improved public health, including healthy nutrition, sustained physical activity, and the prevention of cancer.

Many civil society organizations are given prominent coverage in media accounts of public policy issues, particularly when they challenge actions of governments or industry. In this way, they can and do shape public opinion, and they reflect the concerns of communities and citizens. Issues that need promotion, such as public health, often get the attention of legislators when they are the subject of sustained campaigns initiated by enterprising organizations that are able to amplify their concerns in the media.

Civil society organizations concerned with public health
Form alliances with associated civil society organizations including those concerned with public policy, justice, equity, and environmental protection.

Civil society organizations are often specialized and sometimes insular while working separately from one another. This insularity can dissipate their effect and can become exacerbated when organizations concerned with the same or similar topics disagree. Strength comes from alliances. Given the range and scale of environmental, economic, social (including political), and personal factors that shape public health and that affect population health, alliances are vital for organizations whose interests affect public health.

The most effective CSOS characteristically form international, national, or local networks. This affiliation makes them well placed to identify and publicize cases of best practice, which can encourage other actor groups to form collective action.

INDUSTRY¹**AIM**

Emphasize the priority given to public health including cancer prevention in strategic planning and action

RECOMMENDATIONS*Built environment industries¹*

Plan, commission, construct, and operate all built environments so as to protect public health and facilitate physical activity

Food and drink industries¹

Make public health an explicit priority in all stages of food systems including product research, development, formulation and reformulation, and promotion

Ensure that healthy meals, snacks, foods, and drinks are competitively priced compared with other products

Collaborate in order to stop advertising, promotion, and easy availability of sugary drinks and unhealthy foods to children²

Ensure that marketing and promotion of breastmilk substitutes and complementary foods follow the terms of UN codes and strategies on infant and young child feeding³

Ensure accuracy, uniformity, and availability of product information in all advertising and promotion and on food labels²

Physical activity industry⁴

Promote goods and services that encourage participation in physical activity by people of all ages, rather than in competitive or elite sporting performance

Entertainment and leisure industry

Give higher priority to entertainment products and services that enable everybody, especially children and young people, to be physically active

1. Owners, directors, executives, and other decision makers in all transnational, international, and national industries whose policies and practices have an impact on health. These include food producers, manufacturers, distributors, retailers, and food service providers. They also include all industries responsible for shaping built environments and the entertainment, leisure, and sports industries.
2. Relatively healthy processed foods and drinks are packaged or presented in appropriate portion sizes as recommended by national governments or UN agencies, are explicitly labelled, are relatively low in added saturated fats, fats and oils, and sugars and syrups and are therefore relatively nutrient-dense and low in energy density, low in salt, and contain minimal or no *trans*-fatty acids. Fresh or minimally processed energy-dense foods that are also nutrient-dense, such as nuts, seeds, and some oils, are healthy.
3. Correspondingly to discourage use of baby formula or commercial weaning foods in the first 6 months of life, unless otherwise recommended by a qualified health professional. This and all recommendations to do with breastfeeding endorse the UN Strategy on Infant and Young Child Feeding.
4. Such as sporting goods manufacturers and providers of health centers and sports facilities.

**Why this actor**

Many branches of industry have a profound effect on the states of health as well as the wealth of nations. Specifically, those industries that produce, make, distribute, supply, and sell food and drink or that are included in the “leisure” sector, together with associated industries, shape food systems and in turn thus shape patterns of diet. The industries responsible for the built environment shape patterns of physical activity and thus of body composition. The biggest industries operate globally and have very large budgets for advertising and promoting their branded enterprises and products.

Until the second half of the 20th century, policy makers and decision makers in government and the health professions committed to the protection of public health generally formed close partnerships with industry. At that time, the main food-related public health problems were those of undernutrition, and an effort was made to ensure secure supplies of food containing adequate dietary energy and various micronutrients. This approach also benefited food producers and manufacturers.

The relationship then changed and often became adversarial. The change was because the main food-related public health problems that emerged in the late 20th century, at first in higher-income countries such as the United States and now in most countries, are overweight and obesity, along with diseases such as diabetes, cardiovascular diseases, and various cancers. Such disorders and diseases are known to be caused in part by industrialized food supplies. As a result, the interests of public health and those of the food and drink industries have diverged.

Similarly, sedentary ways of life are agreed to be an independent cause of various disorders and diseases. This result is not just because of unwise personal choices. Since the early decades of the past century, a worldwide industry has developed, in many ways pioneered in the United States, the effect of which has been to make most people in many countries dependent on motorized transport. Originally, this change was seen as almost wholly beneficial, just as processed foods—high in sugar or fat—were seen as supplying needed energy, especially for growing children.

Reasons for aim

A new balance needs to be struck between industry, government, and the public, to support population health. This creates both a challenge and an opportunity for industry.

Relevant recommendations for the United States*Built environment industries*

Plan, commission, construct, and operate all built environments so as to protect public health and facilitate physical activity.

The design of all built environments in the past century, including cities, transportation systems, and buildings, has given priority to mechanized transportation, in particular automobiles. This continues to have a profound effect (a) on

population levels of physical activity and thus of body fatness and, therefore, (b) on chronic diseases including cancer, the risks of which are increased by excess body weight and sedentary ways of life.

The mission and work of all industries concerned with the built environment need to incorporate protection and promotion of public health. Specifically, this includes the design of communities and transportation networks that promote safe everyday physical activity such as walking and cycling. This change may decrease motorized transport within cities. Such restrictions are not in the commercial interest of the automobile industry, and may require government, the urban planning and construction industries, and other actors, to ensure that the way communities are designed and built will promote opportunities for physical activity. In addition, affordable housing that is close to city centers and public transportation should be part of overall city development plans so people can walk or cycle. Good examples of this kind of policy change include interventions that limit traffic speed and that impose seatbelt laws.

Food and drink industries

Make public health an explicit priority in all stages of food systems including product research, development, formulation and reformulation, and promotion.

The ways in which food commodities are preserved and processed in the manufacture of leading products have a major effect on population and on personal risk of cancer and other diseases. This effect is documented in the 2007 WCRF/AICR Diet and Cancer Report, as well as in reports concerning prevention of disease and promotion of public health issued by authoritative bodies in the United States, including the federal government and its agencies.

As a general strategy, manufacturers need to rely on processes that have a beneficial, neutral, or at least minimally deleterious effect on the risk of chronic diseases, including cancer. They also need to present foods and drinks that are in appropriate portion sizes or labeled as such and that are relatively low in added fats, refined starches, sugars and syrups, and salt. The use of trans-fatty acids in food manufacture needs to be eliminated.

Within the retail sector, priority needs to be given to promoting healthy products and to restricting the promotion of unhealthy foods and drinks, both in general and in particular to children.

Advertising and promoting processed foods and drinks—particularly on television, on the Internet, and at point of sale—are almost entirely of “convenience,” “fun,” or “fast” processed foods and drinks. This influences children’s eating patterns. Such advertising and marketing have adverse effects on healthy eating patterns and need to be restricted.

All these and other policies and practices designed to protect public health require willingness on the part of industry. However, in the absence of industry self-regulation and voluntary codes of practice that are proven to work, the main initiatives may well require the use of law.

MEDIA¹

AIM

Sustain increased coverage of public health and well-being and prevention of obesity and chronic diseases including cancer

RECOMMENDATIONS

All media

Emphasize news, features, and campaigns designed to promote public health and to prevent cancer, and put health coverage in context

Give executives resources and authority to ensure that their writers and editors have, or know how to access, expertise in public health

Distinguish between news and editorial coverage, and advertisements and other commercially sponsored material

Advertising and publicity media

Advise clients against campaigns that make misleading or unsubstantiated claims, or that promote unhealthy diets, physical inactivity, or overweight and obesity

1. Owners, directors, editors, journalists, and other opinion leaders from the lay, technical, and specialist broadcast, print, and electronic media and entertainment communication industries, and the advertising, publicity and public relations industries.



Why this actor

The broadcast, print, and electronic communications media are crucial actors and potential partners in all areas of public interest and concern. The media influence public knowledge, attitudes, and beliefs. Since the 1980s, the electronic revolution has given the information and publicity communicated by the media much greater immediacy, impact, and influence. Health issues are given extensive coverage on the Internet and in the popular and specialist broadcast and print media. Because the media are a major source of information, the recommendations here derive from the evidence that people’s knowledge is an important determinant of their response to additional health initiatives.

As with the food and drink industries, there is a general tendency for international media to become more concentrated among a few larger concerns, both within types of media (such as television and radio networks and newspaper and magazine groups) and between them (such as conglomerates controlling groupings of electronic, broadcast, print, and other networks). This concentration gives the owners and directors of such international industries, as well as most major advertisers, unprecedented influence.

Reasons for aim

Since the 1980s and 1990s, editorials, news, features, and

other coverage of health issues in all forms of the media have greatly increased. Decision makers in the media are aware of the significance of health issues and of the concerns of viewers and readers.

Much health coverage focuses on (a) news of possible successful treatments for diseases, (b) news of outbreaks or epidemics of disease whose immediate cause is microbial (such as drug-resistant hospital infections), and (c) features on how to enhance personal health (such as by weight loss).

The commitment of the media to health issues is clear. The purpose of this aim is to encourage all branches of the media to sustain positive and constructive coverage of issues that affect public health, including the understanding, control, and prevention of cancer, while also sustaining readership and holding authorities to account.

Relevant recommendation for the United States

All media

Emphasize news, features, and campaigns designed to promote public health and to prevent cancer, and put health coverage in context.

Themes known to media decision makers to be valuable and important are given priority in allocation of human and material resources and editorial prominence. Polls consistently show that people give a high priority to their own and their family's health. Once people know that a disease can be prevented and that their health and well-being can be enhanced, they want to know how. The extensive coverage now given to weight-loss treatments and, more recently, to the responses of government, industry, civil society, and others to the increase in childhood obesity, shows that health issues that affect the public are attractive. The public health approach encourages readers and viewers toward healthy ways of life as citizens, as well as consumers, and away from “quick fixes.”

Recognition that public health is vitally important implies the need to increase and maintain financial, material, and human resources devoted to its coverage in ways that will increase media circulation and traffic. This approach implies reallocation of budgets to give health a greater expectation of major coverage within the news agenda. It also implies that knowledgeable journalists will be given scope to investigate and publish major stories. Staff members without specialist expertise (for instance, in smaller organizations) should be adequately trained to find authoritative sources.

Advertisements and other commercially sponsored material need to be obviously distinct from editorial material and must be clearly and prominently labeled as such. “Advertorials” or “infomercials”—material including supplements and features that seem to be independent editorials but that, in fact, are commercially funded advertisements—have become increasingly common in all forms of media. Those advertisements should be prominently and clearly identified as such.

SCHOOLS¹

AIM

Make food systems, food, nutrition, and regular physical activity essential parts of school life and learning

RECOMMENDATIONS

Provide healthy daily meals for all staff and students, together with facilities for active recreation, activity, and sports²

Incorporate food and nutrition (including food preparation and cooking skills) and physical education into the mandatory core curriculum²

Ensure that teaching materials are independently originated and free from commercial bias

Do not allow vending machines that offer snacks high in sugar, fat or salt, or sugary drinks, and withdraw such foods, including “fast foods” from school cafeterias²

1. Includes administrators and directors pre-schools, and primary and elementary schools.
2. School performance here to be monitored by government departments of education as well as local governing bodies, and results to be included in the formal published evaluation and grading of schools.



Why this actor

Administrators and directors of schools together with those who care for preschool children, and school teachers, are actors of special importance. After the family, school usually has the greatest influence on children. Schools act on behalf of parents in caring for children, as well as in providing their formal education. Schools shape habits and ways of life that often persist into adult life. Learning and experience of the value of healthy diets and sustained physical activity are enhanced when the policies and actions of schools and of teachers are good examples. Equally, schools are part of the community, and they need to ensure that students and teachers work together, as well as with the wider community including parents or other caregivers, to define and implement school health policy.

Within the whole course of life, childhood is a critical period. What children experience—whether in the physical environmental, economic, or social dimension—during their years at preschool and school is critical for them then and throughout life. Parents and teachers need to know this, and so do other actors, particularly policy makers and decision makers in government. Public health is a public good, and healthy populations are more active and more productive. Furthermore, children are a vulnerable group, and protection of their current and future health should be a national top priority.

Reasons for aim

This aim is not new. It is a basis of the original concept of

education as developed in classical Greece and then throughout Europe, with analogies in the Eastern world. The “academy” or “gymnasium” combined physical with mental training and learning and included dietetics, which originally was the philosophy of a wisely led life, with diet in its modern sense as one part.

In many countries, the integrated approach to education persisted until well into the 20th century. It then generally became displaced and reduced, as nutrition and physical activity increasingly became seen as relatively unimportant. Today’s schools face intense pressure to focus on standardized tests and consequently have placed less emphasis on the broader view of a healthy mind in a healthy body. Standards for healthy school meals and adequate levels of physical activity have been variable over the years. Also, the idea that people should be left free to make their own choices of food has been extended to schoolchildren.

This shift away from the holistic concept of education has created problems. Without strong school-based policies and programs, children lack the examples and opportunities to be active and to eat healthfully. In the United States—and in many other countries—childhood obesity and early life diabetes is a critical public health issue. Poor nutrition can also impair academic performance. Many countries, including the US, do provide government school meal programs for low-income families. The US school lunch and school breakfast programs, introduced in 1946 and 1966 respectively, were designed to improve the potential for learning among children from families who might not otherwise be able to afford an adequate diet. Today, however, the program needs to address a more inclusive set of nutrition objectives, not just hunger or the adequacy of intake, but also a dietary pattern that prevents chronic diseases.

Good understanding of the value of healthy diets is increased by the practical experience of consuming appropriate and delicious meals at school, by learning about nutrition as part of the core curriculum, and by the experience of practical and academic physical education. Children need to know about all aspects of food systems, from how food is produced and processed, to how they can understand food labels, to how they can enjoy preparing and cooking food, all while maintaining a balanced curriculum with math, science, English, and other classes. They also need adequate time for play during scheduled recess at school, exposure to different sports and ongoing physical education to stimulate their interest and develop lifelong skills.

Relevant recommendation for the United States

Provide healthy daily meals for all staff members and students, together with facilities for active recreation, activity, and sports.

According to the US Department of Agriculture (USDA), school meals should align with the Dietary Guidelines for Americans, and these federal standards need to be implemented in schools by local authorities. Schools can support

a high-quality meal program by providing students enough time and a safe, clean, and pleasant area in which to eat. Price support for meals will take into account comparative costs of fast food and other convenience food obtainable off the campus. A school with no area for organized physical education can obtain such space by arrangement with another school or facility in the area, or can rent needed activity space. Physical activity can be incorporated into classroom activities, school events, and recess periods. In addition, programs such as Safe Routes to School (which enables students to walk or bike safely to school) need to be supported and encouraged.

Vending machines serving fast food and other convenience snacks and drinks have become a feature on the school campus since the 1980s. The economy of a growing number of schools has become increasingly dependent on money given by manufacturers from the products sold in those machines in return for the concession. The machines usually feature advertisements for a drink or sometimes a food manufacturer. The products are typically heavily advertised and marketed, and their ingredients, including refined starches, fats, sugars, salt, and sometimes other additives are unhealthy. The vending machines and their products undermine good nutrition, and their presence on school campuses is insidious. Together with similar snacks, foods, and drinks sold in the cafeterias, it is time for them to be withdrawn, or their contents to be replaced with healthier items. All students should have free access to water at school.

WORKPLACES AND INSTITUTIONS¹**AIM**

Institute and implement policies that promote physical activity, and healthy meals and body weight

RECOMMENDATIONS*Workplaces and institutions*

Use price and other incentives to encourage healthy eating and active commuting, and to discourage motorized transport

Ensure that physical environments are designed or adapted and maintained to facilitate physical activity and weight control

Encourage sustained breastfeeding with supportive environments and employment contracts, and access to childcare

Do not allow vending machines that offer snacks high in sugar, fat, or salt, or sugary drinks, and withdraw such “fast foods” and drinks from cafeterias

Institutions

Provide healthy meals, facilities for physical activity, and access to advice on nutrition, fitness, weight control, and disease prevention

1. Includes all managers and directors in all workplaces, public and private. Also universities and other higher education institutions, hospitals, hostels, care homes (for people without and with cancer), armed forces facilities, prisons, and other institutional settings.



Employers and those responsible for institutions can facilitate or provide and maintain high standards of nutrition and physical activity, and also encourage weight control. In such ways they will help to promote good health and well-being among their staff members and the people for whom they are responsible.

Employers who look after the interests of their staff members are likely to make them feel valued. This is especially appropriate in workplaces where the nature of the work itself involves consideration of health and well-being, such as relevant government departments, civil society organizations, organizations concerned with health and welfare, health services, hospitals, and schools.

Relevant recommendation for the United States*Workplaces and institutions*

Use price and other incentives to encourage healthy eating and active commuting, and to discourage motorized transport.

Larger companies can provide staff restaurants with pleasant surroundings that offer choices of healthy, price-supported meals, foods, and drinks. As mentioned, cheap and easily available unhealthy food can be an important obstacle to making healthy choices. Companies of all sizes can supply fresh or dried fruits or nuts for internal meetings instead of cookies, can provide water, tea, or coffee instead of sugary drinks, or can ensure that healthy foods and drinks are brought in for sale daily.

Good employment practice includes reliable advice on healthy ways of life. This can take the form of sections in company newsletters, or provision of educational materials in lunchrooms and common areas. Hours of employment can be staggered or varied to make active transport more practical, and such commuting policies can be supported. Companies of all sizes can encourage active travel to and from work by offering flexible working hours or by getting senior staff members to set a personal example.

Larger companies may be able to provide sports and recreation facilities in their own grounds or by sharing the facilities with other firms. Companies of all sizes can make sure that stairs are attractive and well signed; can provide maps of local running, cycling, and exercise routes; and can encourage staff members to use break times to be physically active. Larger companies can also offer free or discounted membership in local health clubs, and can provide both bicycle storage and changing and showering facilities.

Different types of institutions can provide such facilities, but will need to adapt their use to particular circumstances. The recommendations also apply to university students and members of the armed forces. The constraints of hospitals, care homes, and prisons place a special duty of care on those responsible. Such responsibilities can be supported and encouraged by laws, regulations, and quality codes issued by government and, as necessary, with public money and other funds and resources.

Why this actor

Workplaces and institutions are settings in which behavior is—at least to some extent—constrained, and in which healthy choices can be encouraged by improving access, availability, and affordability. Most people in these settings are adults. Nonetheless, employers have a duty of care, which is most obvious in institutional settings. This duty is as clearcut in hospitals, retirement homes, and prisons as it is in schools. People who are ill, injured, infirm, or imprisoned are largely or completely dependent on such institutions for food service and for physical activity facilities.

Reasons for aim

The duty of care of employers, and of those responsible for institutions, is to support healthy choices in ways that are adapted to circumstances and allow for what is feasible. In this regard, employers themselves need support from governments and relevant industries, as well as from other actors, such as civil society organizations, health and other professionals, their own employees, and the people within institutional settings and their colleagues.

HEALTH AND OTHER PROFESSIONALS¹**AIM**

Conduct professional practice to realize the potential for promoting health including cancer prevention

RECOMMENDATIONS*All professionals¹*

Include food, nutrition, physical activity, and cancer prevention in core professional training and continuing development

Work with other disciplines to help understand how to improve public health, including cancer prevention, through food, nutrition, and physical activity

Health professionals

Prioritize public health including cancer prevention, and food, nutrition, and physical activity, in core training, practice, and professional development

Take a lead in educating and working with colleagues, other professionals, and other actors to improve public health including cancer prevention

Involve people as family and community members, and take account of their personal characteristics in all types of professional practice

1. Health professionals include relevant academics and researchers, and physicians, nutritionists, dietitians, nurses, and other health workers in medicine, public health, environmental health, and associated fields. Other professionals include architects and engineers, relevant civil servants, trade unionists, social scientists, economists, environmentalists, agronomists, food scientists and technologists, journalists, and teachers.

**Why this actor**

Health professionals have a direct and obvious influence on people's health. Medical doctors in particular are trusted by the public and are expected to be qualified to give advice and guidance on good health and well-being and on the prevention of disease, as well as being able to diagnose and treat disorders and diseases. In their daily interactions with people, health professionals of all types have unrivaled opportunities to provide information and encouragement in support of healthy ways of life. The systems in which they work need to provide opportunities for promoting health, as well as for treating disease.

Other professionals also have a profound effect on public health. Prime examples are all those professionals who are explicitly concerned with population health. Other examples are architects, engineers, and associated professionals who are responsible for built environments, including traffic systems. Professionals whose practice shapes food systems and food supplies include agronomists, environmentalists, and food scientists and technologists. Those people are likely to

be aware that their work has some effect on public health.

Decisions made by legislators and civil servants in government at all levels with direct responsibility other than for health, such as for finance, trade, and education, can and do have powerful effects on public health. Typically, such effects, especially negative impacts, are not planned but are inadvertent.

Reasons for aim

All relevant professionals and their representative bodies need to be aware of the vital importance of public health within any society, and to accept their responsibility to protect and promote public health. This responsibility is more obvious for public health professionals and for those such as teachers and journalists who are responsible for education and information. It also applies to those outside the health professions, in particular those whose work shapes built environments and food systems and supplies.

Relevant recommendation for the United States*All professionals*

Work with other disciplines to help understand how to improve public health, including cancer prevention, through food, nutrition, and physical activity.

All actors need to work together. Also, practitioners need to collaborate within and between different professions. For instance, architects may work with health specialists to shape the built environment in ways that promote physical activity.

All relevant professionals need to be aware that their decisions can affect public health. The next step is that the training of such professionals should include knowledge of how their practice can protect and promote public health. Then, competence in the effects on public health needs to be built into formal training, professional development, and assessment systems for which governing bodies and peer groups are responsible.

Professionals whose work affects public health need training and support in ways that have become relatively unusual in an era when disciplines have tended to become increasingly specialized and narrowly focused. Obviously, no individual professional can become expert in all relevant areas. However, public health teaching and its practice cross traditional boundaries between disciplines. Further, complexity is introduced by the interrelationships among the “deep” causes of patterns of diet, of physical activity, of body weight and fatness, and thus of health and diseases, including cancer. This implies a systems approach, in which professionals from interrelated disciplines work as team players.

PEOPLE¹**AIM**

Act as members of households and communities and as citizens, not just as customers and consumers, in achieving healthy ways of life

RECOMMENDATIONS

Support organizations and initiatives whose purpose is to improve public and personal health and to prevent chronic diseases including cancer

Develop policies and set examples within the household and community to enable healthy eating, sustained physical activity, and weight control

Ensure that personal, household, family, and community good health and protection against disease are priorities when making major decisions

Use independent nutrition guides, food labels, and other reliable information when planning household supplies and purchasing foods and drinks

1. As members of networks, communities, clubs, families, and households, not just as individuals.

**Why this actor**

This group includes policy makers and decision makers in their capacities as members of close-knit groups such as networks, communities, clubs, friends, families, and households, as well as their being individuals. Personal recommendations are included in the 2007 WCRF/AICR Diet and Cancer Report. In it, people are also addressed as having concern or responsibility for others as colleagues, friends, relations, parents, and citizens.

In any society, people usually do not make decisions and choices in isolation. Even simple decisions, such as choosing one product or one dish rather than another in a supermarket or restaurant or such as going for a long walk on a sunny day, are likely to be shaped by environmental, economic, social, behavioral, and other influences. Household purchases of food and drink, and of goods that reinforce sedentary or active behavior, are decisions shaped by such factors, as well as by awareness of the needs and preferences of others. In lower-income and socially excluded communities, opportunity for individual choice is relatively limited, and among impoverished communities may often be practically nonexistent.

Reasons for aim

Ultimately, it is people who make the difference in society, not as accumulations of individuals but as members and leaders of groups. This is a fundamental aspect of democracy and of public health. Individual consumer demand is not the only, or even the main, force driving food systems and supplies and thus what is available for purchase. This is most of

all the case in lower-income and impoverished countries and communities.

By contrast, people acting together as citizens, as group members and leaders, and as members and representatives of civil society organizations can and do have substantial influence. This is especially so when advocacy is amplified by the media. All this can have a decisive and lasting effect on the policies and actions of government at all levels from federal to local, and of all relevant branches of industry.

Relevant recommendation for the United States

Ensure that personal, household, family, and community good health and protection against disease are priorities when making major decisions.

Major decisions are best made with personal, including household or family and community, health in mind. These considerations are as important as those of income and security. Such decisions include where to live and to work, whom to associate with, where to take vacations, and how to spend spare time.

In societies such as the United States where medical and other health services are well-established (although approximately one in seven of the population remains without health insurance), many people tend to take good health for granted until illness strikes, when they come into contact with physicians and other health professionals. However, by this time, many diseases and disorders may be difficult or even impossible to treat successfully. This is particularly true of several types of cancer. Healthy ways of life are the best first line of protection. At a personal level, prevention of disease and promotion of positive health and well-being are responsibilities of people both individually and as partners, parents, and family and community members. This also applies to people in their professional capacities.

Almost everybody lives as part of a group in society. Personal behavior and habits affect other members of households or families, friends, networks, and communities—especially children and young and other vulnerable people. As examples, when a member of a household or family creates time to prepare homemade meals regularly, or to sustain moderate or vigorous physical activity, which are major commitments, such decisions set an example that can also benefit companions and family members.

MULTINATIONAL BODIES¹

AIM

Originate and promote coordinated strategies that protect public health through food, nutrition, and physical activity

RECOMMENDATIONS

All multinational bodies

Build the protection and maintenance of public health² into all relevant agriculture, food, health, economic, trade, environmental, and other agreements

United Nations bodies

Work together to ensure integrated policies among all relevant agencies

1. Includes policy makers and decision makers in international political, economic, and trade bodies such as the International Monetary Fund, the World Bank, the World Trade Organization, the European Union, the North American Free Trade Association, the southern Latin American trade association (Mercosul) and others, as well as the United Nations (UN) and its constituent bodies. Key UN organizations include the Food and Agriculture Organization, the World Health Organization, the Pan American Health Organization, the International Agency for Research on Cancer, the United Nations Children's Fund, the United Nations Development Programme, the UN Educational, Scientific and Cultural Organization, the World Food Programme, the International Labour Office, and many others. Also includes inter-UN bodies concerned with food and nutrition, notably the UN System Standing Committee on Nutrition and the Codex Alimentarius Commission.
2. Includes the prevention of cancer and other chronic diseases. Thus, the European Union, the World Bank, the International Monetary Fund, the World Trade Organization, the Codex Alimentarius Commission, and other multinational bodies, especially those whose decisions have the force of law or that are otherwise binding, need to incorporate protection and maintenance of public health as an invariable part of their work.



Why this actor

Potent decisions that determine the nature of food systems, that promote international trade, and—in these and other respects—that affect national public health, are made by multinational bodies. Those bodies include UN agencies, the World Trade Organization, the World Bank, and the International Monetary Fund. Decisions made and actions taken by such bodies often do not have public health in mind. Their decisions may nevertheless profoundly affect patterns of diet, levels of physical activity, and body composition; the initiation and duration of breastfeeding; and other factors that directly or indirectly affect public health, including the risk of cancer and other chronic diseases. Indeed, the policies and actions of multinational political, economic, and trade bodies can have a greater effect on patterns of disease than can those of organizations directly concerned with the control and prevention of disease.

Multinational bodies should represent the collective interests of national governments. They typically come to agreements after consultation with international civil society organizations and international industry. This process is

usual in areas such as trade and energy policy, in agreements on and response to climate change and other environmental issues, and in the handling of some public health issues such as tobacco control and the safety of workplaces and vehicles. It needs to become more commonly used to prevent disease and to protect health.

Reasons for aim

The protection and improvement of public health, including the prevention and control of cancer and other chronic diseases, is a global challenge that needs to be addressed at the international level. Health and well-being need to be central considerations when international political, economic, trade, and other relevant policies are determined. Health is a human right and a public good in itself. Also, the state of health and well-being of any population affects its prosperity, social integration, and ability to manage its environment.

Relevant recommendation for the United States

United Nations bodies

Work together to ensure integrated policies among all relevant agencies.

Global strategies such as those now agreed to within the UN system, as well as by the US government, about diet, physical activity, and health and about feeding infants and young children are vital. The strategies will be fully effective only as integral parts of coordinated and coherent public health approaches designed to prevent and control other diseases and to promote well-being. This approach is rational, because many factors that affect the risk of obesity and of most common serious chronic diseases, including cancer, are similar. Policies and practices on breastfeeding and on infant formula are outstanding examples of the need for national work to flow from international agreements.

Social and economic inequities are global issues that are also critical in the United States. Obesity and food insecurity coexist in many states and in communities throughout the US. People can be overweight and yet be undernourished. This problem creates a need for UN agencies (including the World Bank) to work closely together. Powerful governments such as that of the United States can encourage relevant UN agencies to harmonize their policies. For example, the UN system, together with national funding agencies, could provide more resources to its Standing Committee on Nutrition, whose task is to promote cooperation among UN agencies in support of both national and international programs designed to reduce the incidence of malnutrition in all its forms.

US policies and actions since 2009

The protection, improvement, and maintenance of public health in the United States, which includes the control and prevention of cancer and other chronic diseases, are, all together, vast tasks. Public health is a public good, requiring all actors to work together. This final section provides a snapshot of recent developments in the United States that contribute to achieving the recommendations in this document.

A prime purpose of the 2009 WCRF/AICR Policy Report is to give a higher priority to the prevention and control of cancer, together with other diseases. To that end, the Report is designed to spur relevant and effective public policies, actions, and programs.

This final section summarizes the results of a specially commissioned environmental scan and literature review conducted between the beginning of January 2009 and the end of July 2010. The scan and review were not exhaustive, and they do not report all policies and actions in the period examined. The full text is available at <http://www.dietandcancerreport.org>. Its purpose has been to provide an impression of the status of recent United States developments related to achieving the recommendations in the Policy Report, which are listed in the previous section of this document.

Such recent developments are not, of course, a direct result of the recommendations. Prevention of chronic disease has been on the US public health agenda for many years. Many of the groups defined as actors here have been working in the areas of nutrition, physical activity, weight control, children's health, and breastfeeding for many years. This said, a new mood is now evident. Now, more than for several decades, policy makers and health and other professionals in the United States are committed to disease prevention. Special attention and effort are being given to reducing childhood obesity, to improving opportunities for physical activity, and to having accessibility to and affordability of fresh and nutritious food.

Government

In the period surveyed, the federal government gave substantial support to programs designed to improve diet and to increase physical activity. The 2009 economic stimulus package included \$650 million to support prevention and wellness strategies. Congress has also created a \$15 billion, 10-year Prevention and Public Health Investment Fund as part of health care reform.

In June 2009, the Surface Transportation Authorization Act was introduced into Con-

gress. It would create an Office of Livability within the Federal Highway Administration, and require that office to administer programs that will include safe routes to schools, transportation enhancements, recreation trails, and the US bicycle route system. In 2010, the US Department of Housing and Urban Development announced a \$100 million grant opportunity to support sustainable community regional planning.

Some state governments have passed "complete streets" laws or have enacted legislation to encourage bicycling or walking.

In September 2009, the federal government supported the Global Hunger and Food Security Initiative. This proposes a commitment of \$20 billion to address the food and nutrition security of vulnerable populations affected by the global food crisis.

In January 2010, the US Surgeon General released Vision for a Healthy and Fit Nation. This report outlines steps that parents, families, communities, and other actors can take to control, reduce, and prevent obesity. In February 2010, First Lady Michelle Obama released the Let's Move! national plan. It is designed to sharply reduce obesity among American children within a generation. In the same period, President Barack Obama signed a Presidential Memorandum to create a Task Force on Childhood Obesity. It is directed to work across executive branch departments and agencies, together with NGOs, to develop a coordinated federal response to childhood obesity.

In March 2010, the federal government passed the National Restaurant Menu Labeling law, which is within the Patient Protection and Affordable Care Act. This law will require all chain restaurants with 20 or more locations to provide clear labeling of calories for items on menus, menu boards (including drive-through displays), and vending machines. In May 2010, the US government, as a World Health Organization member state, supported WHO resolutions designed to improve diet, to increase physical activity, to limit the marketing of food and drink products to children, and to promote breastfeeding (see the upcoming section on "Multinational bodies"). The federal

government also established the National Prevention, Health Promotion, and Public Health Council in June 2010. This provides federal coordination for prevention, wellness, and health-promotion practices and integrative health care.

More can be done. Congress and the federal government have a range of formal policy instruments that can be used to protect health and to prevent chronic diseases, including cancer. The instruments include further legislation, as well as taxation and subsidies designed to improve public health.

Initiatives could include further incentives to food, drink, and food retail, restaurant, and food service companies so they provide healthful products and meals. They could also support the National Physical Activity Plan. Congress could pass and enact into law the Child Nutrition Reauthorization Act of 2010, the Breastfeeding Promotion Act of 2009, and the Surface Transportation Authorization Act of 2009. Congress could enact legislation to regulate the marketing of food and drink products to children and young people, particularly if evaluations of industry self-regulation show that such regulation is not effective.

Civil society organizations

US-based professional, consumer, and other civil society organizations are undertaking major initiatives toward the creation, advocacy, and development of relevant policies and actions.

The American Institute for Cancer Research, the publisher of this document, is the leading US organization concerned exclusively with the prevention of cancer by means of healthy diets, regular physical activity, and weight control. Its public education programs are the largest in the field. In the period surveyed, the main additional contribution of AICR has been the publication of the 2009 WCRF/AICR Policy Report and now this executive summary. More information is contained on the inside front cover of this document and at <http://www.dietandcancerreport.org>.

The American Cancer Society also educates the public on cancer screening and

treatment. In June 2010, ACS introduced more information on its website to provide consumers with tools and information about specific types of cancer, risk factors, early detection, diagnosis, and treatment.

There is much scope for civil society organizations that are concerned with social equity and with the protection of the environment to link with other organizations committed to healthy ways of life, including the prevention of cancer and other chronic diseases.

Industry

Those sectors of industry whose business relates to physical activity have evidently not yet included health in their plans. The built environment industries have not yet incorporated public health and physical activity into community design. The physical activity industries have not yet widely marketed goods and services promoting physical activity for people of all ages. The sedentary entertainment and leisure industries have made only limited progress to promote physical activity products and services. Industry may be spurred by the National Physical Activity Plan. This was released by a number of actors including the Centers for Disease Control and Prevention, the American Heart Association, and the American Cancer Society in May 2010. It outlines several ways in which industry can promote physical activity through the design of transportation systems, through land use, and through design of communities and worksites.

Food and drink companies have made some efforts to reformulate products, to develop healthful labeling, to initiate partnerships, to support physical activity programs, to reduce television advertising for certain types of unhealthy products, and to improve marketing practice standards for children under 12 years of age. Companies that participate in the industry's self-regulatory program, the Children's Food and Beverage Advertising Initiative, have generally adhered to pledges for child-directed advertising. But the pledges do not address the full range of companies' marketing practices, and pledges so far fail to protect adolescents. Several companies continue to make or use misleading and inaccurate health claims and labeling, and they still engage in marketing practices that undermine principles of the International Code on

Marketing of Breast-milk Substitutes. Overall in the period reviewed, food and drink companies did little to shift their product profiles or their marketing practices toward healthful diets.

All industry sectors can make progress by strengthening voluntary marketing pledges and by supporting existing public-private sector initiatives. Industry can also enhance intersectoral partnerships. Current opportunities include the Healthy Weight Commitment Foundation, the Partnership for a Healthier America, and the National Physical Activity Plan. The provisions in the Children's Food and Beverage Advertising Initiative can also be strengthened.

Media

In the period surveyed, the media made efforts toward emphasizing news, features, and campaigns that promote public health in order to prevent cancer and that put health coverage in context. Newspapers pay some attention to cancer risks—more to tobacco and diet than to physical activity, sun exposure, and alcohol consumption. News and feature stories increasingly refer to websites where readers can get additional information.

A report by the Kaiser Family Foundation (KFF) and the Pew Research Center found that news about health and health care amounted to about 5 percent of all news coverage from the first half of 2009. Cancer was the disease that received most attention, followed by mental health and obesity, together with diabetes. The report mentioned media coverage of the WCRF/AICR Policy Report at the time of its publication in February 2009. Otherwise, few media stories covered the links between food, nutrition, physical activity, and the risk or prevention of cancer.

In March 2009, the KFF published a report examining the state of health care journalism. It finds that financial and other pressures on the media industry, along with competition to break news on innovative and expanding Internet-based media platforms, are shaping health reporting. Such challenges have caused the media industry to be concerned about the lack of in-depth, detailed reporting, as well as the influence of public relations and advertising on consumers' understanding of news content.

The US media could substantially improve

its coverage of public health and could do more to help viewers, listeners, and readers understand that cancer and other chronic diseases are preventable. The media could also provide stronger support for professional journalists and media staff members to distinguish among editorial news, feature coverage, advertisements, and other promotional material.

Schools

The scan identified efforts by schools to provide healthy meals and facilities for physical activity for students and staff members and toward limiting unhealthy snacks and sugar-sweetened beverages in vending machines and other locations where competitive foods and beverages are sold on school campuses. In 2010, 28 states had nutrition standards for "competitive foods" meaning foods sold in competition with the federally supported school lunch program; 20 states had stricter nutritional standards for school lunches, breakfasts, and snacks compared with USDA regulations; and 23 states and the District of Columbia supported farm-to-school programs. School districts and local schools continued to implement comprehensive wellness policies to promote healthier dietary choices and physical activity, with assistance from the Alliance for a Healthier Generation, the Action for Healthy Kids, and the USDA's Team Nutrition Program.

Much can be done to improve availability of healthier school meals, to reduce competitive foods in the school environment, to enhance physical activity opportunities, and in general to accelerate implementation and evaluation of comprehensive school wellness policies. More congressional support to fully fund the Child Nutrition Reauthorization Act of 2010 would enable schools to make more progress. The federal government and states could create simple and clear nutrition standards and could provide effective training and technical assistance for schools to implement and evaluate wellness policies. States and school districts could require elementary, middle, and high schools to implement mandatory wellness policies for physical education standards and to restrict or prohibit availability of and access to high-calorie and low-nutrient foods and sugary drinks on school campuses. Schools could also engage parents more effectively.

Workplaces and institutions

Promoting employee health and wellness programs can reduce employee absenteeism and obesity rates, can increase employee productivity, and can lower total health care costs for worksites. It is said that the current cost of overweight and obese employees to American employers is \$45 billion annually.

In the period reviewed, initiatives in workplaces and institutions to institute and implement policies that promote physical activity, healthy meals, and a healthy body weight were identified. A review of US workplace nutrition and physical activity programs in the *American Journal of Preventive Medicine* 2009;37(4):340-357 found that the programs usually took the form of information and advice. Interventions that affected the physical environment of workplaces were less often used. In general, the programs resulted in modest weight reductions within 6 to 12 months of follow-up.

Other evaluations (*BMC Public Health*) showed that environmental interventions can produce modest dietary changes such as increased consumption of fruits, vegetables, and lower total fat consumption, and can have some desirable health outcomes, such as weight maintenance, lower blood pressure, and lower blood cholesterol. Few published studies measure employee absenteeism, productivity, or health care use. However, companies are beginning to provide financial incentives for behavior change and are examining returns on investment for implemented wellness programs.

The Centers for Disease Control and Prevention and the National Business Group on Health (NBGH) offer companies various tools to design, implement, and evaluate worksite wellness programs. NBGH coordinates an annual awards program that recognizes large employers that promote healthy work environments and that give incentives for healthy lifestyles. In 2010, NBGH presented 66 Best Employers for Healthy Lifestyles awards. The Healthy Weight Commitment Foundation, an industry coalition of food and drink companies, food retailers, and civil society organizations, supports workplace wellness programs. NBGH is also developing an approach to evaluate the effectiveness of the worksite initiatives.

Employers should continue to give their staffs incentives to become healthier. They can do this by creating healthy work environments and by expanding other supportive programs. Smaller employers with fewer than 500 employees, which together are a majority of US businesses, themselves need support. Worksite wellness program evaluations should assess a range of environ-

mental, policy, and behavioral outcomes. The evaluations can include dietary and physical activity changes, cost-effectiveness of programs, reduction of employee absenteeism, improvement of worker productivity, and increases in health care utilization.

Health and other professionals

Health and other professionals are giving higher priority to public health, including improved food and nutrition; increased physical activity; and improved prevention of obesity, cancer, and other diseases.

New standards were released for clinicians in 2010 to screen children 6 years of age and older for obesity and to provide them and their families with services or else to refer them to intensive counseling and behavioral interventions.

The report from the White House Task Force on Obesity was released in May 2010. This recommends that comprehensive care should be provided to Americans by integrating community resources, health care, and patient and family self-management. The report also recommends that medical and other health professional schools, health professional associations, and health care systems, should ensure that health care providers have the necessary training and education to effectively prevent, diagnose, and treat overweight and obese children.

These actors will be able to make further progress with the support of the comprehensive prevention funding provided by the American Recovery and Reinvestment Act of 2009. This will provide \$15 billion through a 10-year Prevention and Public Health Investment Fund. The fund will help support health and other professionals to screen for and identify overweight and obesity, as well as chronic diseases and early cancer detection.

People

A great number of initiatives of many types at community, family, and personal levels, many of which have already been noted and whose purpose is to improve health and prevent disease, continue to take place. By their nature, the initiatives cannot be assessed systematically. It is hard to say to what extent people as citizens, customers, and family or household members are now leading healthier lives in ways that affect them and the people closest to them. It seems reasonable to believe that the increased awareness of the importance of public and personal good health and of the preventability of disease is resonating at local and personal levels. Formally, though, this belief is anecdotal and speculative.

Data needed for formal assessments could include ongoing surveys of people's attitudes and behaviors. Information could be gained from public opinion polls and from surveys designed to measure responses to policy initiatives, such as mandatory labeling of calories in restaurants or taxes on sugary drinks as well as through tracking of citizen involvement in advocacy and other initiatives undertaken by civil society organizations.

Multinational bodies

The World Health Organization's global diet and physical activity strategy is supported by the US government. In May 2010, the World Health Organization's World Health Assembly agreed to a resolution, supported by the US delegation, which will restrict the advertising and marketing of unhealthy foods and beverages to children. This resolution states that governments should first establish policies to limit and restrict the marketing of unhealthy foods and drinks high in fat, sugar, or salt in all settings where children spend time; second, should cooperate to reduce the effect of cross-border marketing to children; third, should monitor policies and regulations concerning children's marketing exposure; and fourth, should evaluate the effect of food and drink product marketing on children's cognitive, behavioral, and health outcomes.

The 2010 WHO World Health Assembly also agreed to a new resolution to strengthen voluntary codes of conduct for industry and other relevant actors in order to adhere to the provisions of the International Code on Marketing Breast-milk Substitutes.

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EXECUTIVE SUMMARY

Policy and Action for Cancer Prevention

Food, Nutrition, and Physical Activity

With an Added US Perspective

This is the essential guide for all those who make policy or make decisions to protect and promote public health, particularly those who wish to prevent cancer and other chronic diseases at the national, state, or local levels. Essential partners include leaders in health professional and other nongovernmental organizations, government, industry, the media, schools, workplaces and other institutions, and people as both citizens and individuals. The report accomplishes the following:

- ◆ Builds on the WCRF/AICR Report: Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective
- ◆ Systematically reviews environmental, economic, social, and personal determinants of food, nutrition, and physical activity patterns
- ◆ Assesses evidence of actions to prevent cancer and other diseases and to improve public health, with case studies of successes
- ◆ Includes judgments made by a panel of leading scientists and policy experts, with advice from the United Nations and other international bodies
- ◆ Provides comprehensive evidence-based recommendations for positive, feasible, and effective short- and long-term policies and actions
- ◆ Contains summaries of recent and current policies and actions in the United States, exclusively prepared for this executive summary

The full report includes new information on the preventability of major cancers in the United States, as well as policy recommendations.

\$10

POLICY AND ACTION REPORT

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