

OBESITY

And Cancer in Vermont



Up to one-third of cancer cases and cancer deaths in the United States are due to poor nutrition, lack of physical activity, overweight and obesity. ⁱ Overweight and obesity are clearly associated with an increased risk of development and recurrence of several life-threatening cancers, including colon, esophageal, kidney, pancreatic, endometrial, prostate and postmenopausal breast cancer.ⁱⁱ To take a step further, research suggests that risk of breast cancer in postmenopausal women increases by 3 percent for every 2 kg/m² (roughly 5 lbs) increase in BMI.ⁱⁱⁱ

Obesity Rates on the Rise

An estimate of the future economic burden of obesity, based on existing trends, predicted that obesity will lead to approximately 500,000 additional cases of cancer in the United States by 2030. Nationally, the percentage of children aged 6-11 who are overweight or obese increased from 16 percent in the early 1970's to nearly 34 percent in 2011-2012.^{iv v} In Vermont, 29 percent of our children and 60 percent of adults are overweight or obese, with approximately 10,273 Vermonters currently living with an obesity-related cancer diagnosis.^{vi}

Obesity and Cancer are Unaffordable

The Agency for Healthcare research and Quality (AHRQ) estimates that the direct medical costs (total of all health care costs) of cancer in the US in 2011 were **\$88.7 billion.**^{vii} Obesity is a major contributor to the state's burgeoning health care system, with obesity-related health care costs among Vermont adults estimated at \$202 million per year.^{viii} This amount likely underestimates the total health care costs of obesity because it does not include obesity-related health care costs in youth. Childhood obesity increases the risk for adult obesity and chronic diseases, including cancer, in addition to independently increasing the risk for a number of major health problems.

Make the Healthy Choice the Easy Choice

Many cancers can be prevented with lifestyle changes. According to the Vermont Department of Health, 3 behaviors contribute to 4 diseases that result in 50 percent of deaths in Vermont.^{ix} The lack of physical activity, poor diet and tobacco use results in cancer, heart disease, Type 2 Diabetes and lung disease; which kills 50 percent of Vermonters.

Therefore the **American Cancer Society Cancer Action Network** supports policy efforts to make the healthy choice the easy choice for Vermonters, including:

- Establishing nutritional standards for the State of Vermont to follow in the procurement of healthy food to provide in food service, vending machines and institutional functions in all State agencies. Looking at the Vermont Department of Health as a model.
- Reducing the marketing of unhealthy foods and beverages in children's restaurant menus by setting nutritional standards, including the exclusion of soft drinks from any menus marketed to Vermont kids.
- Reinstating the CHAMPPS grants. State obesity prevention dollars were eliminated in last year's FY16 budget when the Coordinated Healthy Activity, Motivation & Prevention Programs (CHAMPPs) grants were cut. These small dollar investments were aimed at community-based solutions to gaps in access to healthy food and physical activity in Vermont towns where there is a demonstrated need.

Thank you for your consideration. Please let me know if I can answer any questions.

ⁱ American Cancer Society. *Cancer Facts & Figures 2014*. Atlanta: American Cancer Society, 2014.

ⁱⁱ Kushi LH, Doyle C, McCullough M, et al, and the American Cancer Society 2010 Nutrition and Physical Activity Guidelines Advisory Committee. American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention. *CA Cancer J Clin* 2012; 62:30-67.

ⁱⁱⁱ World Cancer Research Fund and American Institute for Cancer Research. *Breast Cancer 2010 Report: Food, Nutrition, Physical Activity, and the Prevention of Breast Cancer*. Available at http://www.dietandcancerreport.org/cancer_resource_center/downloads/cu/Breast-Cancer-2010-Report.pdf. Accessed February 5, 2015.

^{iv} Troiano, R P, Flegal K M, Kuczmarski R J, et al. Overweight prevalence and trends for children and adolescents: The National Health and Nutrition Examination Surveys, 1963-1991. *Archives of Pediatrics and Adolescent Medicine* 1995; 149(10):1085-1091.

^v Ogden CL, Carroll MD, Kit BK, and Flegal KM. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *JAMA* 2014; 311(8): 806-814.

^{vi} Trust for America's Health and Robert Wood Johnson Foundation. *The State of Obesity 2014*. Washington, D.C.: 2014.

^{vii} American Cancer Society. *Cancer Facts & Figures 2015*. Atlanta, Ga. 2015.

^{viii} Finkelstein, EA, Fiebelkorn, IC, Wang, G. State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research* 2004;12(1):18-24.

^{ix} A Roadmap to Better Health. Commissioner Harry Chen. In Testimony for the House Health Care Committee, January 12, 2016.



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