



November 2013 Briefing Summary

Cancer, Chronic Disease, and Communities: A New Look at Wisconsin's Obesity Problem

All Briefing Materials are available at:

<http://uwphi.pophealth.wisc.edu/programs/health-policy/ebhpp/events/index.htm>

Speaker Contact Information

Dr. Vincent Cryns, M.D.

Professor of Medicine, Chief, Division of Endocrinology, Diabetes & Metabolism, UW-Madison SMPH
v-cryns@northwestern.edu

Dr. Carmen Bergom, M.D., Ph.D.

Instructor, Department of Radiation Oncology, Medical College of Wisconsin
cbergom@mcw.edu

Amy Meinen, MPH, RD

Director, WI Obesity Prevention Network, UW-Madison Center for Collaborative Health Equity
ameinen@wisc.edu

Georgia Smith

Director, Cancer Care Services, Sacred Heart Hospital Cancer Center, Eau Claire, WI
georgia.smith@hshs.org

Marcia Arneson Director of the Center for Healthy Living, Sacred Heart Hospital, GOChippewaValley.com, Eau Claire, WI
marcia.arneson@hshs.org

Moderator: **Paul Westrick**

Retired, Columbus – St. Mary's Hospital, Chair, WI Cancer Council Policy Committee
prwest1@live.com

Deconstructing the Obesity – Cancer Connection

Many are aware of the startling rise in obesity over the past two decades and the health risks that have accompanied it, including rising rates of cardiovascular disease, diabetes, stroke, asthma, and arthritis. However, few realize that obesity is closely related to the second biggest killer in the U.S. – cancer. Dr. Cryns' presentation connected these two serious illnesses.

- There is an obesity epidemic globally, in the U.S., and here in Wisconsin.
 - In 2012, 66.5% of Wisconsinites were obese or overweight.
 - 35.7% of all U.S. adults are obese
 - There was nearly \$147 billion spent in medical costs due to obesity in the U.S. in 2008
- Obesity is associated with an increased risk of 13 common cancers including breast, colon, pancreatic, prostate, and leukemia
- Obesity also leads to worse outcomes for cancer patients
 - 14% of cancer deaths in men can be attributed to obesity and being overweight
 - 20% of cancer deaths in women attributed to obesity and being overweight
- Obesity results in metabolic changes that fuel cancer
- Reducing obesity is a promising target for cancer prevention and therapy. Interventions include:
 - Improved diet and increased physical activity
 - Prescriptions for metformin and anti-inflammatory agents
 - Bariatric Surgery

Obesity and Cancer Treatment Outcomes

As a breast cancer specialist, Dr. Bergom continued to offer the clinical perspective on the joint problems of obesity and cancer care.

- Breast cancer is the most common cancer in women and the second leading cause of death in the U.S.
- In Wisconsin, there are over 4,000 new cases of breast cancer and 750 deaths from the disease annually
- Obesity affects everyday management of breast cancer patients



- Can affect cancer treatment choices and side effects
- Overweight and obese breast cancer patients have increased risk of cancer recurrence and lower overall survival
- The challenges created due to obesity in cancer are not unique to breast cancer
 - In prostate cancer (the most common cancer in men), the treatments, responses, and side effects are also influenced by obesity
- Policies that promote healthy lifestyles have the potential to decrease cancer rates, lessen treatment side effects, and improve survival after diagnosis

Any New Ideas to Fight Obesity? What Schools, Communities and States Can Do

After highlighting the clinical connection between cancer and obesity, the briefing shifted gears to look at state and local initiatives that have shown promise in reducing obesity. Amy Meinen discussed a number of initiatives currently taking place in Wisconsin and made suggestions for future obesity-prevention strategies.

Strategies for preventing obesity should include increasing breastfeeding, fruit and vegetable consumption, healthy beverage consumption, and physical activity. They should also include efforts to decrease high-energy dense food consumption and TV/screen time. Successful strategies will make healthy choices easier through affordability, access, policy, and advertising. The evidence base tells us that combining strategies that address individual behavior, the environment, and utilize formal and informal policy will create the most impact.

Focusing on one setting can be a mistake. The most successful interventions reach people where they live, work, play, and learn. Ms. Meinen highlighted a number of successful obesity interventions in various settings and populations, including early childhood, schools, and communities. Current research is now attempting to find which combinations of these strategies have the most impact.

Wisconsin has already implemented a number of exciting anti-obesity programs throughout the state, including the Active Schools Project and Farm to School programs. Moving forward, Ms. Meinen emphasized the need for partnerships across sectors, including state and local government, communities, research institutions, non-profits, advocacy organizations, corporations, funders, and health systems. Two such collaborations currently working on obesity in our state are the Wisconsin Partnership for Activity and Nutrition and the Wisconsin Obesity and Diabetes Work Group. These partnerships can work together to set priorities and leverage resources.

Finally, Ms. Meinen discussed a number of policies that can be effective in supporting local and state-wide obesity interventions. Some nutrition policy strategies include setting nutrition standards for foods and beverages in schools; economic development/supports for local food production, distribution, and procurement; and increasing supports for breastfeeding, such as worksite wellness and maternity care practices. Some physical activity policy strategies include increasing the amount of physical activity in PE programs in schools; reducing screen time in public service venues, such as child care centers and schools; and increasing infrastructures for biking and walking. When asked what WI legislators can do, Ms. Meinen recommended crafting policy to create food hubs that can help small farmers aggregate products in order to supply farm to school programs. She also recommended creating grants for schools to implement healthier nutrition and passing legislation that establishes a minimum standard of physical activity time during the school day. Finally, she recommended economic incentives for employers who implement workplace wellness programs.

Connecting Cancer and Community Obesity Efforts

Finally, Georgia Smith and Marcia Arneson spoke about an innovative program called GoChippewaValley.com, which was created by Sacred Heart Hospital in Eau Claire and St. Joseph's Hospital in Chippewa Falls with the goal of reducing obesity-related co-morbidities in cancer patients.

This program highlights the role of the private sector in targeting the whole community to prevent obesity through increased physical activity. The program asks every person to spend just 15 minutes more each day being active in any way that they enjoy. Their tagline says "GO is about living more, doing more, having more fun and becoming healthier your way." GoChippewaValley.com is an online tool that allows individuals to set goals, manage their workout, track their diet, sign up for classes, receive health tips, and form teams and encourage others.

The hospitals rolled out this program with professionally-produced teaser commercials, followed by full-length commercials. They also offered monthly free education events, which averaged 120 participants each, on topics such as Nutrition 101, Food and Mood, and Exercise 101, and more.

This program shows promise for the Chippewa Valley community and can be a model for other communities who want to get their communities excited about getting active and reducing obesity.