

# Informed

News on diet, lifestyle and cancer prevention



World Cancer  
Research Fund

## Selling your health messages

**Social marketing is the latest approach being used by the Department of Health to improve health. But what is it and how could it help you as a health professional?**

The government white paper *Choosing Health* [1] set out a commitment to improving the health of the nation by helping people make healthier choices. It recognised that encouraging positive health behaviour (and related behaviour change) is essential for economic and health reasons.

While information and awareness-raising approaches to health promotion are important, increasingly it is being recognised that on their own these methods are unlikely to achieve further improvements or reduce inequalities. Social marketing was highlighted in the white paper as a potential approach that could be used to enhance the impact and effectiveness of efforts to improve public health.

### Changing what people actually do

Commercial marketing is widely used to sell products and services where the main purpose is financial gain. The primary aim of social marketing is to use similar techniques to help achieve changes for a specific social or public good.

Health-related social marketing is defined by the National Social Marketing Centre [2] as *'the systematic application of marketing concepts and techniques, to achieve specific behavioural goals, to improve health and reduce health inequalities'*.

At its simplest level, social marketing seeks to understand how sections of the general public would go about making a behavioural change, e.g. to exercise more or eat more healthily. This concept is then sold back to them, so there is a better chance that it is successful. The strategy leads to well targeted programmes, campaigns and initiatives, which are more likely to be effective and have an impact on changing what people actually do.

The Department of Health's (DH) *Small change, big difference* campaign [3] is the first step to taking a social marketing approach to health. It is aimed at adults, with a message that making minor changes to their diet and lifestyles can help them live longer, healthier lives. WCRF UK supports this type of approach. We believe that small, sustainable changes to lifestyle are more likely to succeed than asking people to make major changes overnight.

### Obesity Social Marketing Campaign

In the next few months the DH will also be launching an Obesity Social Marketing Campaign, which aims to motivate people to lead a healthier lifestyle and reduce the incidence of obesity. Tools and resources to support health professionals will be available [4].



The focus will initially be on children aged two to ten, and their parents and carers. The campaign forms part of the Obesity Public Service Agreement to halt the year on year increase in obesity in under 11s by 2010. It will not only look at changing diet directly but also at other related behaviour patterns that could be a wider part of the obesity problem, for example the lack of family meal times and limited opportunities for families to be active together.

### The future

The DH has been working with the National Social Marketing Centre to develop a leaflet introducing social marketing to NHS staff. Resources on how health professionals might use social marketing in their jobs will follow [2]. For people working in public health and health promotion, any approach that improves impact and effectiveness will no doubt be welcomed.

As a charity, WCRF UK works to prevent cancer through the promotion of a healthy diet and lifestyle. Social marketing strategies will strengthen our existing successful campaigns aimed at reducing the risk of cancer for the whole population. Visit our website [www.wcrf-uk.org](http://www.wcrf-uk.org) for more campaign information.

### References

1. *Choosing Health – Making healthier choices easier*. 2004. Department of Health, London.
2. National Social Marketing Centre [www.nsms.org.uk](http://www.nsms.org.uk)
3. DEPARTMENT OF HEALTH. 2006. *Small change, big difference* [on-line] [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Modernisation/ChoosingHealth/SmallChangeBigDifference/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Modernisation/ChoosingHealth/SmallChangeBigDifference/fs/en) [Accessed 17 October 2006].
4. DEPARTMENT OF HEALTH. 2006. *Obesity*. [on-line]. Available from [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Obesity/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Obesity/fs/en) [Accessed 17 October 2006].
5. West of Scotland Cancer Awareness Project [www.woscap.co.uk](http://www.woscap.co.uk)

The West of Scotland Cancer Awareness Project [5] was a health promotion campaign that used social marketing principles. It aimed to raise awareness of mouth cancer and to encourage 'at risk' people in the local area to visit the NHS promptly if they had signs or symptoms of mouth cancer. Those defined as 'at risk' of developing mouth cancer were men and women aged 45 or over, those living in deprived areas and those who smoked and/or drank heavily.

Oral cancer training packs and information sheets were produced and distributed to all GP practices, dental surgeries and pharmacies across the area to encourage health professionals to talk to patients about mouth cancer.

For the general public, a mass media campaign was staged, using TV, radio, posters (see example above) and direct mail with the strapline *'Mouth cancer...if in doubt, get it checked out'*. All the resources were carefully targeted using appropriately aged people in realistic scenarios. They highlighted the early signs of mouth cancer; where people should look in the mouth, what to look for and what to do if they found anything unusual. Stories of real patients were used, which proved to be extremely engaging and a good way of raising awareness.

The campaign achieved a 185 per cent increase in the number of suspicious lesions that were referred to Glasgow Dental Hospital. This remained at almost double after the campaign had finished. Almost 70 per cent of those who went for mouth cancer treatment did so as a direct result of the campaign.



**"Stopping cancer before it starts"**

## Exercise vs diet for weight loss

Obesity is a growing problem in the UK and as strategies to reduce the incidence and prevent further increases are put forward, patients may ask you whether it is more effective to change eating habits or to increase exercise to lose weight.

### Healthy food choices

Overweight and obesity develop over a long period of time and result from an energy imbalance. This occurs when people take in more energy (in the form of calories) than they are expending (by being physically active). Therefore, to lose weight people need to either consume fewer calories, be more active or combine both.

In order to lose a pound of fat, a person's body needs a 3,500 calorie deficit. This equates to 500 calories a day, over a week. As fat provides more than twice the calories of protein and carbohydrate per gram, choosing healthier foods, which are lower in fat, and reducing portion sizes are reasonable ways to cut calories.

### Burning calories

However, while cutting 500 calories from the daily diet is relatively achievable, burning the same number through being physically active is likely to be more difficult, especially for people who have limited time to exercise. As an example, a 65 kg (10st) person would have to do one of the following activities to burn 500 calories [1]:

- ◆ 30 mins running at a moderate pace
- ◆ 30 mins of playing squash
- ◆ 1 hour of digging the garden
- ◆ 1 hour of leisurely swimming
- ◆ 1 hour of brisk walking

Exercise is not just about managing weight as there are other health benefits, including reduced risk of cancer, heart disease and diabetes [2]. It is important to be active throughout the day. For cancer prevention, WCRF UK recommends an hour of moderate activity every day and an hour of more vigorous activity once a week.

### What is the evidence?

Many studies have compared the amount of weight lost from changing diet versus increasing exercise. Most often, programmes focused on dietary change produced two to three times greater weight loss than those focused on exercise.

A recent study published in the *International Journal of Obesity* [3] found that moderate or substantial decreases in dietary fat were linked to weight loss in overweight and obese men and women, regardless of how much they changed their physical

activity levels. Interestingly, there were differences between the sexes. In women, even substantial increases in exercise were not enough to produce weight loss if they did not decrease fat consumption. Men, however, were able to lose weight through increased exercise alone. This might be because the men were able to burn more calories in exercise than women. Alternatively, it might reflect a metabolic difference between men or women, or a problem in the study's methodology.

The National Heart Forum, in association with the Faculty of Public Health, has produced a tool kit entitled *Lightening the load: Tackling overweight and obesity* [4]. The tool kit includes a review of the effectiveness of different approaches in reducing overweight and obesity. For weight loss interventions in adults, evidence shows diet alone is more effective than exercise, but combining physical activity and diet is also an effective intervention.



### A sensible combination

It would appear that combining increasing exercise with decreasing calorie consumption would be a sensible weight-loss choice. This could easily be achieved by reducing calorie intakes by 350 calories a day and being more active to use up 150 calories. Combining the two may provide an approach that is easier for people to achieve and sustain and could provide additional health benefits as well as weight loss.

Whichever method is chosen, it is important that it is tailored and can be incorporated into an individual's lifestyle to increase their chance of maintaining it.

### References

1. Ainsworth B. E. *et al.* 2000. *Medicine and Science in Sport and Exercise*. 32(9 Suppl): S498-504.
2. At least five a week. 2004. A report from the Chief Medical Officer. Department of Health, London
3. Dunn C. L. *et al.* 2006. *International Journal of Obesity*. 30,112-121.
4. NATIONAL HEART FORUM. 2006. *Lightening the Load: Tackling Overweight and Obesity* [on-line]. Available from [www.heartforum.org.uk/Publications\\_NHFReports\\_Overweightandobesitytool.aspx](http://www.heartforum.org.uk/Publications_NHFReports_Overweightandobesitytool.aspx) [Accessed 16 October 2006].

Visit the publications section of our website [www.wcrf-uk.org/cancer\\_prevention/publications.lasso](http://www.wcrf-uk.org/cancer_prevention/publications.lasso) to download booklets and leaflets about physical activity and maintaining a healthy weight.

In this issue we answer a nutrition question from you.

Email [informed@wcrf.org](mailto:informed@wcrf.org) with your questions and we'll answer them in a future issue.

### What advice should I give to patients about probiotics?

The word probiotic is derived from the Greek meaning 'for life'. Probiotics are dietary supplements that balance the bacteria in the intestine. The human gut contains about 400 different species of bacteria, all of which compete for nutrients and space. Some of these bacteria synthesise nutrients such as vitamin K or B<sub>12</sub>, or help in the digestion of food. A healthy gut flora is one in which the beneficial or 'good' bacteria are in the majority. Digestive upsets or bacterial infections may occur if there is an imbalance, and probiotics can be useful in restoring or maintaining the equilibrium in the gut.

### Probiotics and cancer prevention

There is some experimental evidence to suggest that probiotics may have potentially beneficial effects that could help prevent bowel cancer. However, to date, human trials have been inconclusive, so more studies are needed. Probiotics could work by decreasing intestinal inflammation, enhancing immune

## Child health – your views

A recent Tesco Sport Report showed that British children are among the least active in the world. A School Food Trust survey found that children are stocking up on junk food on the way to and from school. Add to this the government announcement that practical cookery classes will not be compulsory and it's going to be an even greater challenge to improve children's diets and health.

At WCRF UK, we are always interested to hear what action health professionals like you think is needed, so we asked nutritionists, dietitians and practice nurses for their views on improving children's diets.

From the feedback we received it is clear there are many different aspects to this issue. For long-term success, government support and adequate funding for school food and education are seen as essential.

However, parents are highlighted as a key part of the problem. They are the main food providers, but often lack skills, knowledge and motivation to provide healthy food. On a positive note, they are also seen as an important part of the solution – if they can be targeted.

You also think it is key that parents are made aware if their child is overweight. You often use the subject of the future health of children to encourage parents to think about the implications of their child's current diet and lifestyle.

function and anti-tumorigenic activity, or by binding to potential food carcinogens [1].

### Who might benefit from probiotics?

Probiotics can be taken by anyone over the age of three. Recently, food microbiologists have recommended probiotics to those aged over sixty, to boost declining levels of good bacteria and protect against intestinal infections.

### Choose products with care

Probiotics can be incorporated into the daily diet in the form of drinks, yoghurts and supplements. Concern has been raised over the effectiveness of products containing probiotics. This follows an investigation that found many products did not contain the numbers of bacteria necessary to have a positive effect, or the beneficial strains of bacteria which could survive in the stomach's acidity.

People wishing to buy products containing probiotics should look for ones that contain a concentration of at least 10 million bacteria and include strains that have been studied, such as *lactobacillum* or *bifidobacterium*. People should choose well-known brands and bear in mind that some products with probiotics may contain added sugar or be high in fat, so check nutrition labels carefully.

1. Geier M. S. *et al.* 2006. *Cancer Biol Ther.* Oct 19;5(10) [Epub ahead of print: www.landesbioscience.com/journals/cbt/article/3296].

## Health promotion at work

Sickness absence costs UK businesses over £11 billion each year and can have a huge impact on productivity, as well as the quality of life of employees. The workplace is therefore becoming a popular place for health events and awareness days to promote healthy diets and lifestyles.

The Occupational Health Department of De La Rue Currency in Gateshead already holds blood pressure, cholesterol and general health checks, as well as offering a physiotherapy service. It also produces a quarterly health and safety newsletter which is sent to staff in the factory. As part of its ongoing programme to raise awareness of a healthy lifestyle within the factory, a staff health day was recently held.

The event took place in the staff canteen, which almost everyone visits at some point during the day. This made it easier to reach people than in the Occupational Health Department. Resources on offer included free recipe booklets, leaflets and health aids. Information from the popular WCRF UK posters on healthy portion sizes and how to save fat and calories through healthy food choices was displayed on an eye-catching banner, which helped attract people to the resources. Leaflets on display encouraged staff to think about their diet and health, so much so that the appointment list for cholesterol and BP checks was full within half an hour! Five people agreed to sign up for the local NHS smoking cessation programme, and there were enquiries about running a weight management programme on-site, as well as keep fit sessions.

The event was well received by staff, who were interested in finding out more about healthier lifestyles, and it will hopefully become a regular event in the work calendar. The organisers thought it was a fantastic way of raising awareness and found WCRF UK's advice and information a great resource for the event.

WCRF UK offers a wealth of resources on diet, nutrition and cancer prevention at low costs. If you're planning a health event or awareness day, email [informed@wcrf.org](mailto:informed@wcrf.org) to request a copy of our publications catalogue to see what is available.



A whole-family approach to healthy eating and physical activity is also important as this helps make diet and lifestyle changes easier to achieve and maintain. Health professionals think it



is vital that parents act as good role models, as children learn by example. You say it is not enough to simply tell children what to do, they need to be educated by parental actions.

Giving parents the skills and knowledge to choose and cook healthy food is seen as a real challenge, and while the new traffic light nutrition labelling can help with food choices, improving cooking skills may be more difficult.

The necessary changes to improve children's diet and health are not going to happen overnight. Progress is being made slowly. It needs the support and involvement of groups such as the government, schools, parents, local authorities and health professionals, including health visitors and school nurses.

Thank you to all of the health professionals who shared their thoughts on this subject. Email [informed@wcrf.org](mailto:informed@wcrf.org) if you have any ideas on what else could be done to improve children's diets and lifestyles, including what you think WCRF UK could do.

## Diet and skin cancer

Non-melanoma skin cancer is the most common cancer affecting white populations worldwide, with over 65,000 cases diagnosed each year in the UK.

While excessive sun exposure is the main cause of skin cancer, some evidence suggests that a healthy diet could offer partial protection. However, few studies have investigated the link between human diet and skin cancer, which is why WCRF UK funded a study at the Queensland Institute of Medical Research. The research used skin cancer and diet data from 1,000 Australian adults.

Diet data was collected using a food frequency questionnaire. Blood samples were also analysed to estimate levels of antioxidants and fatty acids. From the diet data, occurrences of new skin cancer tumours among people with medium and high dietary intakes of foods, nutrients and other food components (e.g. phytochemicals) were compared with occurrences of new tumours among those with low dietary intakes. All analyses were controlled for known skin cancer risk factors and personal characteristics.

The results showed no association between squamous cell carcinoma (SCC), a type of non-melanoma skin cancer, and intake of 15 food groups, five alcoholic

beverages and the 'vegetable and fruit' dietary pattern. However, when data from a group of people with a history of skin cancer prior to 1992 were analysed, there was a 55 per cent decreased risk of SCC tumours for high intakes of green leafy vegetables and a 56 per cent decreased risk for high intakes of the 'vegetable and fruit' dietary pattern. A two-fold increased risk was seen for high intakes of high fat dairy and there was a four-fold increase for high intakes of the 'meat and fat' dietary pattern.

These results provide more information on the possible relationship between diet and skin cancer, particularly in people who have a history of the disease. However, the most important action people can take to reduce their risk of skin cancer is still to protect themselves by covering up in the sun and using sunscreen.

Hughes M. C. *et al.* 2006. *Int J Cancer.* 119,1953-1960.



## Healthy portions tear-off leaflets



This is a useful resource for both health professionals and patients. The folder provides information on obesity and its links with cancer and other diseases. It also explains the energy balance equation and highlights how food 'portion distortion' could be contributing to our expanding waistlines.

Tear-off information leaflets from a pad in the folder can be given to patients to provide a useful guide on healthy portion sizes. There is also practical advice on reducing portions when buying and preparing food and eating out, all of which can help people control their weight.

To order a free copy email [informed@wcrf.org](mailto:informed@wcrf.org) or telephone **020 7343 4205**.

Additional copies can be ordered at a cost of 80p each, plus postage and packaging.

## Obesity and ovarian cancer

Rising obesity rates are a major concern, but while the impact on heart disease and diabetes is well known, fewer people understand that being overweight can affect their chances of cancer survival.

Previous studies have shown obesity impacts on the development and progression of breast, uterine and bowel cancer, but a new study suggests a woman's weight can also affect the course of ovarian cancer. Women who are obese have a lower survival rate, the cancer recurs sooner after treatment and they face dying earlier than women who are diagnosed at their ideal body weight.

Researchers say more research is needed to understand the possible mechanisms, but the study suggests fat tissue may excrete a hormone or protein that causes ovarian cancer cells to grow more aggressively.

Pavelka J. C. *et al.* 2006. *Cancer*. Volume 107:7, 1520-1524.

## Portion sizes attacked – again

Portion sizes have again been linked to rising levels of obesity in America, with a new study indicating that people may be eating more because they are unaware of the sensible portion sizes encouraged for a healthy diet. It is believed that large portion sizes have contributed to the obesity epidemic.

The researchers noted that portion sizes of ready-to-serve foods and restaurant servings have grown over the past two decades. Consumers now perceive these larger portion sizes as the appropriate amount to eat in a single sitting and are experiencing 'portion distortion'.

To investigate whether there has been a similar increase in the amount of food people serve themselves, the researchers observed a group of 177 young adults serving themselves breakfast, lunch or dinner. The study was modelled on similar research published in 1984.

Portion sizes were 'unobtrusively' estimated by weighing serving dishes before and after the study participants had served themselves.

Typical portion sizes in this study tended to be significantly different from those in 1984, with foods such as cereal,

milk on cereal and jelly exceeding reference portion sizes by more than 25 per cent. But typical portion sizes of butter and salad dressing were less than reference portions and researchers note that this could be the result of efforts to educate the public to limit certain high fat foods.

The researchers suggest that the growth in portion sizes offered at grocery stores and restaurants has influenced how people view the appropriate amount of food to eat per serving.

**For a free WCRF UK guide to healthy portion sizes see above.**

Schwartz J. and Byrd-Bredbenner C. 2006. *Journal of American Dietetic Association*. Vol. 106. 9 1412-1418.

## Nutrition Strategy Steering Group to improve public health

Opinion is often divided as to whether the food industry, the government, or consumers themselves should take responsibility for tackling diet and lifestyle-related diseases such as cancer, obesity and heart disease.

The Food Standards Agency (FSA) has joined with the Department of Health (DH) to form a Nutrition Strategy Steering Group, which aims to improve public health through policies on diet and nutrition.

The group will be co-chaired by representatives from the FSA and DH. Food manufacturers PepsiCo UK and Ireland, the Food and Drink Federation and Unilever will be represented, as well as three major supermarkets – Waitrose, Tesco and Sainsbury's. Consumer groups and health NGOs will also be included.

The steering group's first project will be to assess the different nutritional front of pack labelling schemes. Other projects will include: reformulating convenience foods to make them healthier, the controversial area of promoting foods to children, and a Healthy Living Social Marketing Campaign.

FOOD STANDARDS AGENCY. 2006. *Spearheading healthier eating* [on-line] <http://www.food.gov.uk/news/newsarchive/2006/oct/spearheading> [Accessed 16 October 2006].

## 7th Nutrition and Health Conference

24-25 November 2006

Olympia Conference Centre, London

Information and advice on over twenty hot nutrition and health topics, with an exhibition providing resources, products and services.

[www.nutritionandhealth.co.uk](http://www.nutritionandhealth.co.uk)



## Coming in 2007...

The second WCRF/AICR report *Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective* will be published in November 2007.

To launch the second expert report, a one-day conference will be held on 1 November 2007 at the Royal College of Physicians, London.

**Be one of the first people to hear about the findings of the new report. Email [informed@wcrf.org](mailto:informed@wcrf.org) to register your interest.**

**Please circulate this newsletter to other colleagues in order to help us spread the message that cancer is a largely preventable disease.**

**Informed is available free of charge to all health professionals.**

### How to join the mailing list

If you would like to join the mailing list for *Informed*, please contact WCRF UK or email us at [informed@wcrf.org](mailto:informed@wcrf.org)

### World Cancer Research Fund (WCRF UK)

19 Harley Street, London W1G 9QJ  
Tel: 020 7343 4200 Fax: 020 7343 4201  
Web: [www.wcrf-uk.org](http://www.wcrf-uk.org)  
Registered Charity No.: 1000739  
Registered Office: 19 Harley Street, London W1G 9QJ

WCRF UK is a member of the WCRF global network

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### Design and production

Geoff Simmons and Jim Nicholson