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THE POLITICS OF OBESITY

Is the world facing an obesity crisis?

Worldwide, obesity rates have nearly doubled in the last three decades. In 1980, 5 percent of men and 8 percent of women around the world were obese. By 2008, the rates were 10 percent for men and 14 percent for women. The problem is currently concentrated in North America and parts of Europe. In the United States, as of 2010, 36 percent of adults were obese. In England and Ireland in 2007, the rates of adult obesity were 25 percent and 22 percent, respectively. The UN World Health Organization (WHO) projects that in 2015 there will be a total of 2.3 billion overweight adults worldwide, 700 million of whom will be technically obese. In other words, there will be nearly as many obese people on earth as there are undernourished people. The problem of hunger that previously monopolized political attention is now sharing the stage with this new and rapidly growing problem of excessive food consumption.

How do we measure obesity?

Obesity is a crude measure of the roundness of the body, based on a body mass index (BMI), which is body weight (in kilograms), divided by the square of height (in meters). People with a BMI between 25 and 30 are considered overweight; those with a BMI above 30 are obese; and those with a BMI above 40

are described as severely obese. Translating to more familiar terms, a 6-foot-tall individual is considered overweight above 183 pounds, obese above 220 pounds, and severely obese above 295 pounds. Adverse health consequences become far more likely as individuals go from merely overweight to obese. Those in the United States who are moderately obese have personal health care costs 20–30 percent higher than those with a healthy weight, and severe obesity more than doubles health care costs. Some studies show that obesity, on average, reduces life expectancy by 6 to 7 years.

Between 1971 and 2010 in the United States, the prevalence of obesity among adults more than doubled from 14.5 percent to 36 percent. Between 2000 and 2010 alone, the rate of severe obesity among adults increased from 3.9 percent to 6.6 percent. In other words, roughly 15 million adult Americans are now 100 pounds or more over what is considered a healthy weight. Among children in the United States, the rate of obesity has increased even more dramatically, from 5 percent in 1980 up to 17 percent today. In 2012, the Robert Wood Johnson Foundation projected that if obesity rates continue on their current trajectories, 39 states will have rates above 50 percent by 2030, and all 50 states will have rates above 44 percent.

America remains in the lead on obesity, but other countries are now following a parallel path. In Canada today, 19.5 percent of boys under the age of 18 are obese. In Brazil since the 1980s, rates of obesity among children have increased from 4 percent up to 14 percent. Even in Japan, which has the lowest adult obesity rate in the developed world (just 3.9 percent), childhood obesity is on the rise. In Japan between 1980 and 2000, the prevalence of obesity among 10-year-old boys increased from 6 percent to 11 percent.

What are the consequences of the obesity epidemic?

Strictly speaking, obesity is not a medical condition. It is perfectly possible for individuals to be both heavy and healthy.

Yet within larger populations, as obesity rates increase, the probability that individuals will develop ailments such as type 2 diabetes, high blood pressure, and high blood cholesterol will increase as well. The link between body shape and health can be challenged: one 2013 study concluded that increased sugar consumption was the key link to diabetes, independent of obesity. In 2012, however, the Centers for Disease Control (CDC) reported that between 1995 and 2010, the prevalence of diagnosed diabetes had increased by 50 percent or more in 42 states, and by 100 percent in more than 18 states. "These rates will continue to increase until effective interventions and policies are implemented to prevent both diabetes and obesity," said the CDC.

Organizations that campaign against obesity paint a dark picture of the future. According to one projection from the Robert Wood Johnson Foundation, if the current trajectory of obesity continues in the United States between 2010 and 2020, the number of new cases of type 2 diabetes, coronary heart disease, stroke, hypertension, and arthritis could increase 10 times. By 2030, obesity could contribute to more than 6 million cases of type 2 diabetes, 5 million cases of coronary heart disease and stroke, and more than 400,000 cases of cancer. By 2050, life expectancy in the United States may be shortened by 2 to 5 years.

Obesity is primarily a personal and family concern, but compounding medical costs make it a public health issue as well. In the United States between 1998 and 2008, the medical costs of treating obesity-related diseases doubled to reach \$147 billion, about 9 percent of all medical costs. By 2030, if trends continue unchecked, obesity-related medical costs could rise by another \$48–66 billion a year in the United States.

The heaviest costs of obesity can be personal, in the form of reduced employment and income options, social isolation, and depression. Days missed from work, more frequent hospitalizations, and more expensive medical insurance all have social as well as personal impacts. Obesity is even a national

security issue. In 2010, a panel of retired military officers found that 27 percent of all young adults in America were “too fat to serve in the military.” Between 1995 and 2008, the percentage of potential recruits who failed their physicals due to being overweight increased by nearly 70 percent.

What is the cause of today's obesity epidemic?

Obesity results when the human body persistently takes in, through eating and drinking, more caloric energy than it burns through basic metabolism and muscular exertion. The modern obesity epidemic derives from both an increase in average caloric intake and a decrease in average muscular exertion. Genetic inheritance helps explain some of the occurrence of obesity person by person within generations, but it cannot explain the rapid increase that we have seen in prevalence across generations, because human genetics does not change that fast.

Increased calorie intake is the single largest source of the problem. In the United States between 1970 and 2003, average daily caloric intake increased 23 percent to a level of 2,757 calories, which is roughly 20 percent more than the World Health Organization recommends. Among children in America between 1977 and 2006, average calorie consumption increased 10 percent. Meanwhile, average muscular exertion declined, as travel took place less often on foot and more often by car, and as physical demands in both the home and the workplace were reduced. Most work in America now takes place while sitting in chairs, or behind the wheel of a vehicle. In the home, rugs, dishes, and clothing are now cleaned with electrical power rather than muscular exertion. The removal of snow, the cutting of grass, and the trimming of hedges have all been motorized. Washing automobiles is now automated, and seasonal chores such as hanging storm windows no longer exist. Stair climbing has been replaced by elevators. Only 4 percent of elementary schools, 8 percent of middle schools,

and 2 percent of high schools now provide daily physical education for all students. While 20 percent of trips between school and home were on foot in 1977, that figure had fallen to just 12 percent by 2001.

Despite a booming fitness industry, working out has actually declined, as commuting times have lengthened and as more leisure time is now spent sitting in front of the home computer. Among American men 40 to 74 years of age, since 1990 the number of people who report exercising three times a week has dropped from 57 percent to 43 percent. Young people own fancier bicycles but ride them less often. By the late 1990s, the majority of American children watched more than 5 hours of television a day.

Does cheap food cause obesity?

Personal calorie consumption has increased in part because food has become cheap, especially relative to income. Over the course of the twentieth century, the real cost of food commodities declined by 50 percent in the United States, thanks primarily to productivity growth on the farm, while average consumer income was at the same time increasing by roughly 400 percent. Food today is so cheap relative to income that increasing quantities are wasted and often simply thrown away.

The low cost of food in America is sometimes blamed on farm subsidies, but most agricultural economists disagree. One study by three economists published in the journal *Food Policy* in 2008 found that if national farm subsidy policies were eliminated the cost to consumers of soybeans, rice, sugar, fruits and vegetables, beef, pork, and milk would actually fall more, not increase. A later study published in *Health Economics* in 2012 showed that if all farm subsidies were removed—including the measures that reduce imports of cheap food from abroad—the cost to Americans of sugar and dairy products would go down enough to induce a small increase in calorie consumption of about 3,000 to 3,900 additional calories a year for a typical adult.

Critics often assert that farm subsidies in the United States have generated too much corn production, which in turn lowers the price of livestock feed, making meat products artificially cheap. Corn prices have been slightly lowered by some farm policies in recent years, but on balance corn prices have been artificially raised, thanks to other government policies that promote the use of corn for ethanol production. The price of corn has also been driven up by import restrictions on sugar that encourage the use of corn-based sweeteners, such as high fructose corn syrup (HFCS). If sugar import restrictions were removed, the price of both sugar and HFCS in the United States would fall by roughly 15 percent, making sodas, candy, and ice cream even cheaper, and the obesity crisis even worse.

Farm support policies throughout the industrial world actually tend to make food artificially expensive, not artificially cheap, because they so frequently include restrictions on imports. This is even more the case for Europe and Japan than for the United States. According to calculations by the Organisation for Economic Co-operation and Development (OECD), government policies in the European Union in 2009 made food costs for consumers 7 percent higher than they would have been without subsidies, and in Japan 42 percent higher.

Another charge, that junk-food prices have fallen in the United States while fruit and vegetable prices have not, is also questionable. A 2008 study by the Economic Research Service at the U.S. Department of Agriculture (USDA) showed that over the previous 25 years the price of fruit and vegetable products in the marketplace (controlling for quality and season of the year) fell at almost exactly the same rate as the price of chocolate chip cookies, cola, ice cream, and potato chips. Not only are fresh fruits and vegetables cheaper than ever before when sold in season, they are also more widely available out of season. American supermarkets today carry as many as 400 different produce items, up from an average of just 150 different items in the 1970s. Access to healthy and affordable food

has been increasing, not decreasing. Unfortunately, access to unhealthy food has increased even more.

Do fast foods and junk foods cause obesity?

Yes, but other foods are a problem as well. In 2011 the *New England Journal of Medicine* published a study that revealed that the top contributors to weight gain in the United States included red meat and processed meats, sugar-sweetened beverages, and potatoes, including mashed potatoes and french fries. The single biggest weight-inducing food was the potato chip. Other studies suggest that the single largest driver of the obesity epidemic is sweetened beverages. The average American today gets more than 450 calories a day from beverages, including juices, dairy drinks, sweetened soft drinks, and alcohol. Beverages provide twice as many calories today as they did in 1965, with more than two-thirds of the increase coming from sweetened fruit juices and soft drinks. Specialists calculate that the recent increase in obesity can be accounted for by the consumption of a single extra 20-ounce soft drink each day. In one study of overweight or obese high schoolers, when the sugary drinks normally consumed were replaced with sugar-free alternatives, average weight loss over a 12-month period was 4 pounds.

It is sometimes alleged that the sweetening of beverages with high fructose corn syrup rather than natural sugar has made those drinks more obesity inducing, but the evidence to support this charge is weak. The HFCS used in soft drinks consists of 55 percent fructose and 45 percent glucose, not significantly different from ordinary sugar, which is 50 percent fructose and 50 percent glucose. Michael Jacobson, director of the Center for Science and the Public Interest, has said that the popular idea that HFCS carries a greater obesity risk is “an urban myth.”

Fast food restaurant meals are often an invitation to obesity. It is not unusual for an individual meal to contain more

than 1,000 calories. It takes an hour and 20 minutes of jogging to burn off this much energy. A 2013 study from the Center for Science and the Public Interest found that 91 percent of kids' meals at fast food chains in the United States did not even meet the industry's own "Kids LiveWell" nutrition standards. Careful studies that control for variables such as income, education, and race have shown that obesity rates among ninth-grade schoolchildren are 5 percent higher if the school is located within one-tenth of a mile of a fast food outlet. The National Restaurant Association rejects such studies as "slapdash," yet local political pressures are rising to zone fast food restaurants away from public schools, and the fast food chains themselves have responded with visible menu changes. In 2009, Burger King announced three new kids' meals that included smaller burgers, sliced apples designed to look like french fries, reduced-sodium chicken tenders, and fat-free chocolate milk. McDonald's began to offer apples and yogurt.

Is the food industry to blame for the way we eat?

Yes, to an extent. The modern food industry does more than simply process, package, and deliver foods to consumers. It also designs the taste and consistency of those foods, manipulating the ingredients, including the sugar, fat, and salt content, to make them more difficult for consumers to resist. Between 1994 and 2006, food companies in the United States introduced about 600 new children's food products; half were candies or chewing gums, and another one-fourth were other types of sweets or salty snacks. Dr. David Kessler, a former head of the U.S. Food and Drug Administration (FDA), charged in 2009 that modern food companies are in part to blame for our overeating because they design foods for irresistibility, delivering tastes and textures that hit an intentionally addictive "bliss point."

The food industry also advertises foods to children not old enough to understand the health implications of consuming

high-calorie, low-nutrient junk foods. American children spend about \$30 billion of their own money every year on such foods, and in 2006 an Institute of Medicine study concluded that the choices made were to some extent shaped by corporate marketing. The Center for Science and the Public Interest asserts that the food and beverage industry spends \$2 billion every year advertising food to children. Kids aged 2–11 years see an average of 13 food ads a day.

Food companies have now gone beyond television ads, targeting children who use smartphones and laptops as well (in the United States, the average first use of a smartphone takes place at age 7). A favorite vehicle has become online games, available on sites like *Candystand.com*, pioneered by Kraft Foods and the Wm. Wrigley Jr. Company. Kraft recently released an iPad app, “Dinner, Not Art,” in which players slide pieces of Mac & Cheese around the screen to create macaroni art. The United States does less to regulate food advertising than most other wealthy countries. In 1980, Congress barred the Federal Trade Commission from making broad new rules on food advertising to children. Under pressure, some companies have at least taken voluntary action. In 2012, the Walt Disney Company announced that it would no longer accept advertisements for junk food on its child-oriented television and radio sites. Governments in Sweden, Norway, Austria, Luxembourg, Belgium, and Quebec have all banned television junk-food advertising during children’s programming.

As calorie consumption has increased overall, the consumption of many nutritious foods in America has actually declined. In 2012, the Department of Agriculture reported that the share of family food budgets going toward the purchase of fruits and vegetables declined between 1998 and 2006. Over the past two decades, the share of Americans aged 40 to 74 who eat five servings of fruits and vegetables a day has dropped from 42 percent to 26 percent. Multiple factors have driven this outcome, including more women working outside of the home (resulting in fewer home-prepared meals), more

commuting by car and a rapidly growing preference for meals that can be held in one hand while driving, greater leisure time spent snacking while watching television, and also less cigarette smoking (an appetite suppressant).

The food industry, represented politically in the United States by the Grocery Manufacturers Association (GMA), attempts to present itself as a guardian of consumer health and well-being, “committed to helping arrest and reverse the growth of obesity around the world.” The GMA’s favored response to the obesity crisis is “consumer education,” rather than new taxes or regulations. The Center for Consumer Freedom, an organization funded by restaurant and food industries, warns against taxes and regulations, so as not to “reduce the number of choices Americans have when they sit down to eat.”

Just the same, food companies have recently begun to change their behavior even without direct regulation. In 2005, the U.S. Department of Health and Human Services jointly with the Department of Agriculture published new Dietary Guidelines for Americans, which recommended that half of daily grain intake should come from whole grains. In response, bread companies voluntarily reformulated products so they could claim a higher whole grain content (yet some then defeated the purpose by making the reformulation more palatable with added quantities of sugar, salt, or fat). In 2006, the Food and Drug Administration began to require disclosure of trans fat content on food labels, and New York City banned trans fats in restaurant foods. This experience induced a number of food manufacturers, including Nestlé, Kraft, Campbell’s, Kellogg’s, and Frito-Lay, to reformulate products to eliminate trans fats entirely, and several major food service companies, including McDonald’s and Burger King, announced their intent to begin using frying oils with no trans fats. Kentucky Fried Chicken began replacing trans fats before they had to, in anticipation of the New York City ban.

A leading supermarket operator in the United States, Delhaize America, recently began promoting a system called

Guiding Stars, which rates the nutritional value of most of the food and beverage products sold in their stores. Foods that have more vitamins, minerals, dietary fiber, and whole grains, and less fat, sugar, sodium, or cholesterol are given stars. Customer purchases in these supermarkets have shifted significantly toward the products that have been awarded stars. Yet the political power of the food industry has blocked any move to make such a system mandatory.

Do “food deserts” cause obesity?

Obesity is a growing problem among all categories of Americans. Between 1994 and 2008, according to the Centers for Disease Control and Prevention, the prevalence of obesity increased in adults at all income and education levels. Yet factors such as residency, income, education, and race do make a difference. Some of the highest obesity rates are found among African Americans and Hispanics, many of whom live at lower income levels in urban areas. This has given rise to the idea that some modern city dwellers live in “food deserts,” where there is a shortage of supermarkets selling fresh fruits and vegetables. Residents may have no choice but to eat at fast food restaurants, or to purchase energy-dense packaged and processed foods from corner convenience stores. When the USDA examined this idea using data from the 2010 census, it found that almost 10 percent of the U.S. population, or roughly 30 million Americans, did live in low-income areas more than 1 mile from a supermarket. However, only 1.8 percent of all households lived more than 1 mile from a supermarket and did not have a vehicle.

Statistically, a convincing link between limited access to supermarkets and obesity has been difficult to establish. Research suggests that the most powerful link may not be low access to supermarkets, but high access to fast food and corner stores. One 2012 study found that poor neighborhoods had nearly twice as many fast food restaurants and convenience

stores as wealthier ones. Some low-income Americans also face time burdens that get in the way of preparing nutritious family meals. Single working parents, for example, may be short of time as well as money. At the end of a work day, they find it more convenient to pick up a bucket of KFC fried chicken, instead of shopping at a market, taking the time to prepare a healthy meal at home, and then cleaning up the pots and pans.

Increasingly, our meals are not taken at home. In the United States, away-from-home food spending increased from 26 percent of total food outlays per person in 1970 to 46 percent by 2002. The total number of food service establishments in the country nearly doubled over this same period. Most restaurant menus are geared to pleasure and convenience rather than health. It is revealing that 17 percent of all meals ordered from restaurants in America are now eaten in cars.

Unstructured eating of this kind is no longer unique to the United States. Throughout Europe, a rapid increase in the number of women in the workforce has also undercut traditional at-home meal preparation, creating a parallel shift toward the consumption of high-calorie fast foods and convenience foods. In the United Kingdom, 27 percent of all food spending is now for meals from outside the home, and in Spain, 26 percent. In France, time spent on meal preparation at home has fallen by half since the 1960s, and fast food restaurants are on the rise even in Greece and Portugal. The much-praised Mediterranean diet (based on vegetables, fruit, unrefined grains, and olive oil) is now disappearing even from Mediterranean countries. As fast food chains spread in Greece between 1982 and 2002, the percentage of overweight boys increased by more than 200 percent, and the increase has continued since then. Italy and Spain are not far behind, with more than 50 percent of adults now either overweight or obese. In 2008, the United Nations Food and Agriculture Organization (FAO) issued a report showing that the Mediterranean diet had “decayed into a moribund state.”

What government actions are being taken to reverse the obesity crisis?

In the United States, government action at the federal level to combat obesity has so far been weak, while the strongest actions have been taken at the local or municipal level. Stronger national policies have been set in place in Asia and Europe. The strongest policies can be found in the countries where obesity problems are least advanced.

Policy action to combat obesity has been hard for the United States in part because many do not yet see it as a collective problem. One reason is that health care costs in America have not traditionally been socialized; they have been covered instead through employer-provided or private health insurance systems. Many in America claim not to see obesity as a problem at all. Close to half of all obese Americans say that their own body weight is not an issue, and more than 40 percent of parents with obese children describe their child as being “about the right weight.” Social acceptance of obesity is actively promoted by civil rights advocates for the overweight, led in the United States by the National Association to Advance Fat Acceptance (NAAFA), an organization that has been operating since 1969.

Governments have a wide array of policy options to consider in response to obesity. At the least coercive end of the spectrum, they can try public education campaigns about healthy eating, or require health ratings on packaged foods, or require calorie counts on restaurant meals. More coercive steps might include restrictions on advertising of some foods to children, or mandatory counseling by primary care physicians. Subsidy policies might be used to reduce the price or increase the availability of nutritious foods, and tax or regulatory policies might be used to increase the price and reduce the availability of energy-dense, non-nutritious foods. On the physical activity side, governments could move back to requiring physical education in schools, or invest more in playgrounds, bike paths, and sidewalks. Mandates, taxes, and regulations are

normally the strongest policy instruments available to governments, yet a 2010 study by the OECD revealed that governments in wealthy democratic societies were primarily relying on weak instruments like information campaigns, or on subsidies, to promote more healthful eating choices.

Some governments in Europe and Asia have experimented with stronger measures. In October 2011, Denmark implemented a nationwide 9 percent tax on saturated fat in foods such as bacon, cheese, and butter. Denmark was following Hungary, which had passed a similar tax aimed at products with high sugar, fat, and salt contents (with the revenue going toward health care costs). The Danish tax proved unpopular and was rescinded one year later when it was noted that butter consumption had failed to decline, and when Danes began avoiding the tax by purchasing cheese from across the border in Germany. This discouraging experience gave pause to several other European countries—including Switzerland, the United Kingdom, and Germany—that were considering a similar tax. In France since 2004, the government has been operating a Let's Prevent Obesity in Children program in which children from 5 to 12 years old are weighed and their BMI calculated annually, with a letter to their parents reporting and explaining the result.

The strongest measures so far in the industrial world have been taken by the country with the lowest obesity prevalence, Japan. In 2008, Japan's Ministry of Health adopted a "metabo law" that established waistline standards to be monitored by employers once a year, under Japan's national health care coverage system. If companies did not reduce the number of overweight employees by 10 percent by 2012, and 25 percent by 2015, they would be required to pay more money into a health care program for the elderly. An estimated 56 million Japanese will have their waists measured under this program each year. Even more intrusive was a policy adopted by the non-democratic country of Singapore, which cut down on lunch sizes and kept children after school for mandatory

exercise if they failed to control their weight. Obesity prevalence did decline.

In the United States, strong policy measures at the federal level have so far been impossible, thanks in part to the lobbying power of the food and beverage industry. In 2009, when anti-obesity advocates proposed a small tax on the sale of sweetened soft drinks to help pay for national health care reform, the American Beverage Association (ABA), which represents the beverage industry, spent \$18.9 million in a lobbying effort that blocked the tax. The beverage industry campaigns hard against soda taxes at the state and local level as well. In 2010, after the state legislature in Washington imposed a small tax on soft drinks to help balance the state budget during the economic recession, the ABA spent \$16.5 million to promote a ballot initiative that promptly overturned the tax. In 2012, voters in two midsized California towns rejected soda taxes after the ABA spent several million dollars on advertisements and on paid canvassers to block these measures.

The strongest national legislation currently in place against obesity in the United States is the 2010 Healthy, Hunger-Free Kids Act. This law reformed the National School Lunch Program, which provides meals to 31 million children a day. The new 2010 law expanded the number of low-income children eligible for meal subsidies, so long as schools served increased portions of fruits, vegetables, and whole grains, while limiting sodium, fat, and calories. Advocates for regulating school menus point to a 2007 initiative in Mississippi that led to a 13 percent decline in obesity among elementary school children. Critics observe that students consume only about 25 percent of their calories in school, making this a weak policy instrument.

In addition, the 2010 law was blunted when the frozen pizza industry secured language from Congress qualifying pizza (with tomato sauce) as a vegetable. Potato farmers also managed to block curbs on how often french fries could be served. The responses of schoolchildren to the 2010 law have been

mixed. Vegetable servings often end up in the trash. Students in one Pittsburgh suburb organized a lunch strike, and in some other schools participation in the lunch program has fallen by 70 percent. Anticipating that some children might spurn the more nutritious offerings in the cafeteria line and turn instead to candy, chips, or beverages from vending machines, the authors of the law simultaneously empowered the USDA to set national nutrition standards for school vending machine foods and drinks.

A second federal initiative has been First Lady Michelle Obama's 2009 "Let's Move" campaign to reduce childhood obesity. In addition to public education, this campaign sought to persuade Wal-Mart, Walgreens, Supervalu, and other grocers to commit to locating more stores in low-income neighborhoods. In one response, a team of grocery industry groups, health care organizations, and banks committed \$200 million to eliminating "food deserts" in California. Also in support of the initiative, Wal-Mart announced that, by 2015, it would remove all trans fats from its stores and reduce salt and added sugars by 25 percent and 10 percent, respectively. Additionally, a restaurant company that owns Olive Garden and Red Lobster committed to reducing total calories and salt across its menus.

By far the strongest government actions to combat obesity in the United States have come at the state and local level. Currently, from 500 to 600 school districts across the country have policies that limit the amount of fat, trans fat, sodium, and sugar in food sold or served at school. The state of California has banned the sale of soft drinks in public schools and since 2007 has specified that snacks sold during the school day must contain no more than 35 percent sugar by weight and derive no more than 35 percent of their calories from fat. In 2012, researchers determined that these measures had helped to reduce high school student food intake in California by 158 calories a day, compared to other states. Vigorous responses at the state and municipal level can make a difference. In New York City and Philadelphia, the number of obese

schoolchildren declined by 5 percent between 2007 and 2011, and in Los Angeles by 3 percent.

At the municipal level in the United States, the City of New York has attempted the strongest measures of all, but not always with success. Beginning in 2008 in New York, restaurant chains were obliged to post calorie counts for the dishes they serve; however, one New York University study found that total calories purchased did not change as a result. In 2010, New York City sought permission from the U.S. Department of Agriculture to eliminate caloric soda from eligibility for local purchase under the SNAP program, but this request was refused. In 2012, the city moved to block sales of soda and other high-calorie drinks in containers larger than 16 ounces, but early in 2013, this measure was blocked by a state judge one day before it was set to take effect.

Who lobbies for and against stronger policies on obesity?

In the United States, the most visible advocates for stronger policies on obesity include public interest lobby groups such as the Center for Science and the Public Interest (CSPI), private foundations dedicated to improving health such as the Robert Wood Johnson Foundation, and university-based think tanks such as the Rudd Center for Food Policy and Obesity at Yale University. Individuals who are obese and citizen groups with members who suffer from obesity are not usually in the lead. Those who suffer from obesity more often organize for social acceptance or for the purpose of seeking more affordable treatments. Taxes on sodas or energy-dense snack foods are seen as regressive on the poor and are unpopular even within low-income or minority communities where obesity is a serious problem. For example, the president of the National Association for the Advancement of Colored People (NAACP) openly opposed Mayor Michael R. Bloomberg's 2012 move to ban large servings of sugary drinks. In 2010 when New York asked for permission to exempt soda from SNAP coverage,

leaders from the minority community criticized the move as suggesting that SNAP recipients were unable to make smart food choices. A 2013 survey from the Associated Press and the Center for Public Affairs Research revealed that 70 percent of Americans support requirements to post calorie counts on menus, and 80 percent would support requiring more physical activity in school, but 60 percent are opposed to taxes that target unhealthy foods. Only one-third consider obesity a community problem; most consider it to be an issue primarily for individuals.

The strongest opposition to more effective obesity policies in the United States comes from the food and beverage industry, which argues that what we decide to eat should be a personal choice. Kevin Keane, a spokesperson for the American Beverage Association, said in 2009, "It's overreaching when government uses the tax code to tell people what they can eat or drink." When the City of New York attempted to restrict the sale of large drinks in 2012, it was sued by the American Beverage Association, the National Restaurant Association, a soft drink workers union, and groups representing interests ranging from movie theater owners to Korean American grocers. Nationally, a Center for Consumer Freedom, funded by the restaurant and food industry, regularly criticizes any government effort to shape or reduce food choices.

Weak obesity-prevention policies in the United States also derive, to some extent, from the social influence of groups organized not for obesity prevention but for treatment, such as the annual \$50 billion diet and exercise industry. Pharmaceutical and medical companies also profit from selling treatments (not cures) for those who develop type 2 diabetes, high blood pressure, and high cholesterol. In contrast, many employers and insurers have a greater interest in prevention than in treatment. The United Health Group now offers a health insurance plan in which a \$5,000 yearly deductible can be reduced to \$1,000 if a person is not obese and does not smoke. Financial inducements have even been tried. In 2009, the National

Health Service in the United Kingdom ran a pilot program that offered cash payments of up to 425 pounds depending on how much weight was lost (the program was called “pounds for pounds”). Nearly 800 people joined the scheme, but most dropped out. Those who completed the program lost weight, but many subsequently gained it back.

From a public policy perspective, governments must take care not to treat excessive calorie consumption as parallel to cigarette smoking, alcohol abuse, or narcotic drug use. Unlike tobacco, alcohol, or narcotics, calories from food are absolutely essential to human health. And unlike smoking, being obese presents no “passive” health risk to others. Social risks such as impaired driving, domestic violence, and criminal behavior are also missing in the case of obesity. Most important, a significant share of obese people are quite healthy, and for some individuals the condition is driven more by genetics than lifestyle. Government policies that punish or stigmatize such individuals must be avoided. The best intervention is usually private counseling from a trusted personal physician.