

## Obesity Prevention Can't Wait!: Proactive Policies Could Halt the Epidemic

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The impact of obesity on health has been recognized for more than half a century, and weight reduction has been an American preoccupation for decades. Yet, the prevalence of obesity has increased sharply – and continues to soar – among U.S. adults, adolescents and children, with no immediate sign of reversal.

Why has obesity control failed? And what can an ever-expanding nation do to curb such dangerous and debilitating “growth”?



Obesity prevention left to self-control...a lost cause.

### Industry Practices, Technological Advances Have Promoted Obesity

Americans spend about half of their food budget and consume about one-third of their daily meals outside the home. Food eaten outside the home, on average, is higher in fat and lower in micronutrients than food prepared at home. There also tends to be more of it, with the standard serving sizes of certain foods increasing greatly in recent decades. For example, in the 1950s, Coca-Cola was packaged only in 6.5-oz. bottles; today single-serving containers are 20-oz. bottles.

Food promotions, pricing, packaging and availability all encourage Americans to eat more food, not less. In 2000, the cost of advertising soft drinks reached \$700 million, and for the McDonald's restaurant chain the advertising budget topped \$1 billion, dwarfing the National Cancer Institute's \$4 million annual investment in the educational component of its 5-A-Day campaign to increase consumption of fruit and vegetables.

Meanwhile, labor-saving devices, from automobiles to e-mail, are ubiquitous and have reduced energy needs, as has the shift of a large proportion of the workforce from manual labor to white-collar jobs that require nothing more active than pressing keys on a computer. In addition, many suburban neighborhoods are geared to automobiles, with few, if any, sidewalks to encourage walking, running and other forms of transportation and exercise. Taken together, such changes in the food and lifestyle environment help explain why it requires more than just willpower for Americans to balance their intake and output of energy.

### National Policies Have Pitfalls

By 1952, the American Heart Association had already identified obesity as a cardiac risk factor modifiable through diet and exercise. Subsequently, a number of federal agencies and private organizations issued guidelines advising Americans to reduce energy intake, raise energy expenditure, or do both to maintain healthy weight. Typically, these guidelines focused on individual behavior change, tended to state the obvious – and were grossly ineffective.

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Furthermore, while obesity prevention has been an explicit public health goal since 1980, its implementation has been distributed among multiple government agencies, with no one agency taking lead responsibility. Even the U. S. Public Health Service's (PHS) successive 10-year plans, which have made prevention and control of obesity and overweight a priority public health objective, offer little guidance beyond calling for "a concerted public effort" to achieve this goal.

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### **Modifying Individual Behavior Is Not Enough**

There is no quick solution to the problem of obesity. Considering the many aspects of American culture that promote obesity, changing individual behavior is not enough to reverse current trends. Meaningful efforts, exemplified in the accompanying list of bulleted action items, must include the development of multifaceted government policies with adequate funding, and national leadership and programs that address both the "energy in" and "energy out" components of weight maintenance.

#### **Education**

- Provide federal funding for mass media health-promotion campaigns such as the Center for Science in the Public Interest's "1% Or Less" program.
- Require instruction in nutrition and weight management as part of school curriculums.
- Declare an annual National "No TV" Week, and discourage TV watching in general.
- Require and fund daily physical education and sports programs in primary and secondary schools.

#### **Food Labeling and Advertising**

- Restrict advertising of high-calorie, low-nutrient foods on children's television shows or require broadcasters to provide equal time for messages promoting healthy eating and physical activity.
- Require chain restaurants to provide information about calorie content on menus or menu boards, and nutrition labeling on wrappers.
- Require print advertisements to disclose the caloric content of foods.

#### **Food Assistance Programs**

- Eliminate the sale of soft drinks, candy bars and high-calorie, low-nutrient snack foods in school

#### **Transportation and Urban Development**

- Provide funding and other incentives for health-promoting facilities such as bicycle paths, recreation centers, swimming pools, parks and sidewalks.
- Develop and provide guidelines to modify zoning requirements and residential neighborhoods to promote physical activity.

#### **Food Development**

- Reduce the fat limit in ground beef and hot dogs from 30 percent to 22.5 percent.
- Reward farmers who raise cows in ways that lower milk fat and beef cattle in ways that lower body fat.

#### **Policy Development**

- Include nutrition and obesity prevention in the scope of the President's Council on Physical Fitness and Sports.
- Develop a coordinated federal implementation plan for the Healthy People 2010 nutrition and physical activity objectives.

#### **Taxes and Subsidies**

- Subsidize low-calorie nutritious foods, perhaps by raising the costs of selected high-calorie, low-nutrient foods.

buildings.

- Develop incentives to encourage Food Stamp recipients to purchase healthful foods.

### Health Care and Training

- Require that medical, nursing and other health curricula include information on healthful diets and exercise patterns.
- Require health care providers to learn about obesity risks, obesity counseling and health-promoting behavior change.
- Develop and fund research on behavioral and metabolic determinants of weight gain and maintenance, and on cost-effective methods for intervention.
- Revise Medicaid and Medicare regulations to provide incentives to health-care providers for nutrition and obesity counseling, and other cost-effective interventions.

- Remove sales taxes on, or provide other incentives for, the purchase of exercise equipment.

- Provide tax incentives to encourage employers to provide weight management programs.

- Levy city, state or federal taxes on soft drinks and other foods high in calories, fat or sugar to fund campaigns to promote good nutrition and physical activity.

- Provide incentives to restaurants to charge more for less nutritious foods.

### The Road Ahead Is Challenging

The outlined measures cannot alone eliminate obesity from the American landscape; but even modest reductions in obesity rates would confer substantial health and economic benefits. Levying small taxes on energy-dense foods or activities could generate big revenues that could be used to promote health. A 2/3-cent tax per 12 ounces on soft drinks, a 5 percent tax on new televisions and video equipment, a \$65 tax on each new motor vehicle (about 0.3 percent on a \$20,000 car) or an extra penny tax per gallon of gasoline alone would generate an estimated \$1 billion per year.

Without such a national commitment and effective new approaches to making the environment more favorable to maintaining healthy weight, the obesity epidemic will be almost impossible to halt.

*This article is based on: Marion Nestle and Michael Jacobson's Halting the Obesity Epidemic: A Public Health Policy Approach. Public Health Reports, Vol. 115, Jan/Feb 2000.*

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