

# Government policies to reduce obesity



**ASSIGN  
BUSTER**

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Obesity is a major issue facing the United States. Over the past two decades the percent of Americans who are considered overweight has increased dramatically. This phenomenon is not only taking place in adults but there has been a significant increase in juvenile obesity as well (Oliver 2005). There have been various steps taken toward combating the increasing obesity rate. Some of the proposals included taxes on food, setting specific guidelines for lunches in schools, getting rid of various sodas and junk from school cafeterias and set limits on various food advertisements (Oliver 2005).

One area that has gained much momentum over the years has been the idea of calorie labeling. In many ways these laws are sound and prudent public health policy initiatives because it promotes the populations health and well being (Gostin 2000). These laws might seem as though that the government is trying to regulate private behavior, however many times over the history the government has intervened in private habits. Historically some of the prior government intervention in the private affairs include in the case of alcohol, illegal drugs, tobacco, and sexuality (Kersh 2002).

Many believe that there are “triggers” that make the government intervene in private affairs. These triggers include social disapproval, medical science, self help, the demon user, demon industry, mass movement, and interest group action. In the case of obesity many researches believe that these triggers have been tripped and that is the reason for the various government interventions (Kersh 2002).

In many ways the move towards calorie labeling creates a certain type of citizen involvement and participation (Morone 2003). This restores the power to the people to have more control of their decisions and food choices. Many people underestimate the amount of calories in fast food and therefore are not aware of how much calories they are consuming on a daily basis. When calories are labeled this would make people aware of exactly how much calorie are in various fast foods. Having these labels would positively influence their decision making process.

Also, just having the calorie label by itself may not be enough. Those calories should be further broken down to let the consumer know how much of the food has other nutrients. For example, the label could indicate the percentage of proteins, carbohydrates and sugar. Another solution is to incorporate the nutrition values and the calorie labeling and create a simple red, yellow and green food label indicator.

Green label would indicate that the food has low calories and high nutritional value. A yellow label next to the food would suggest moderate calories and moderate nutritional value. A red label would indicate that the food is in high calories and low nutritional value. This would a very simple and straightforward method because people would instantly know whether a food is good, bad or neutral in calories and nutritional values by a simple glance.

At the individual level food labeling creates deterrence to eat high calorie food and persuade people to make healthier choices (Gostin 2000). This would be an effective intervention because there's the possibility that the society might move towards stigmatizing people that continues to eat

unhealthily foods even after reading the label. (Bayer 2006). Also, this would force many of the corporations to abandon high calorie foods for low calorie foods which are much healthier.

In the same way that smoking has been stigmatized by public health officials and anti tobacco activists, eating at a fast food restaurants despite the fact there's a clear warning about calories could be stigmatized as well.

Stigmatization of smoking may have been a factor in reduction of smoking (Bayer 2006). The same type intervention could be used to stigmatize obesity. This stigmatization could cause isolation and even severe embarrassment to people that would eat at fast food restaurants that have calorie labeling (Bayer 2006).

Also, having the calorie label could create fear in the heart of consumers that if they eat a high calorie food that it might lead to various chronic diseases (Aranowitz 2009). The calorie labeling in many ways would be a type of early prevention of various diseases (McGinnis 2002). M. J. Roseneau in 1910, made a strong argument that in public health fear is an important tool because it makes the public think about the future threat of chronic disease (Avery 2004).

There are other programs in addition to the calorie labeling that could be implemented. In the same way there are additional taxes imposed on cigarettes to make it expensive to buy, the same could be done with fast food. Additional taxes could be added to fast foods over a certain calorie threshold. In the same way there are additional taxes on fast foods with high

calories, the foods that are healthy could have zero taxes such as on fruits and vegetables (Yach 2003).

In many ways the raising of fast food prices will force many people to buy healthier food which could be much cheaper. Also, in the same way there are labels outside the cartons of cigarettes, there could be labels placed outside of fast food cartons. These warning labels would tell the consumer that eating high calorie food may cause obesity and even chronic diseases (Yach 2003).

Also, another intervention in addition to calorie labeling at the restaurant would be to have the calorie labels during advertisement of the food product. In the same way that many of the drug companies are required to provide the various side effects of the drug at the end of the commercial, all fast food companies should provide the total calories of the products being advertised (Yach 2003). Another great program to implement would be counter advertising. Many of the commercials on television for various fast foods hide their calorie content. With counter advertising the government or various non profit organizations can tell the truth about the contents in various fast foods.

One of main ways to reduce obesity is to have communities play a main role in health interventions (Schlesinger 1997). These local communities can create various educational types of programs to reduce obesity. Also, the local community might be a better indicator of how much to spend in terms of healthcare interventions (Savedoff 2007). Local neighborhood groups can create programs to encourage physical activity. This can be done by building

various parks, gyms, basketball and other recreational activity centers. Many people that are physically active are more aware of their eating habits would consume low calorie and healthier foods.

Many of these communities can increase the availability of healthier foods and beverages. They can pass local ordinances which would indicate that the local food and grocery store should carry certain percentage of healthy foods. Also, the local groups can regulate the types of beverages that are in schools and recreational areas. The communities might also make these healthier foods affordable so that more people would have access to it. Also, these local groups can create ways for local farmers to bring in fresh fruits and healthier foods to the neighborhoods.

Also, communities can implement ordinances that prohibit the advertisement of less healthy foods and promote the advertisement of healthier food from local farmers. Also, local groups can encourage various physical activities such as walking, biking and running.

Community level programs could have different impact depending on whether the program is implemented at a neighborhood that is economically disadvantaged compared to one that is better off both in terms of health and finance. One of the main reasons the member of economically disadvantaged neighborhoods might have a different outcome with the same intervention is due to social capital (Shortt 2004). Social capital is characteristic of a group which creates mutual trust and reciprocity. In many ways people from disadvantaged backgrounds lack the trust in the system as well in their community.

Also, in many ways a lot of the interventions could have negative consequence on socially disadvantaged neighborhoods. For example, one of the interventions that were suggested was to raise the prices of the fast foods. Raising the price of food would adversely affect the people in these neighborhoods. Many of these neighborhoods lack quality supermarkets that carry healthier food. They would be forced to pay more without access to other healthier alternatives that a wealthier neighborhood. There is also the possibility of income inequality in many disadvantaged neighborhoods. This creates a lack of financial resources to buy healthier food. Some of the ways to overcome these shortcomings are to provide incentives for large supermarkets to be built in disadvantaged areas. Also, the various communities should improve the availability and geographic proximity of supermarkets to disadvantaged the population.

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