

## Monica Eng, *Chicago Tribune* - "The Obesity Debate"

**THESIS QUESTION:** Should the government be involved in the country's obesity problem? (legislate thinness/healthy eating, is it the government's responsibility)

CHICAGO (MCT) - America undoubtedly has a big obesity problem.

With two-thirds of all U.S. adults now classified as obese or overweight, public health officials warn that much of the population is at dangerously high risk of diabetes, heart disease and other chronic and costly illnesses.

But who should be responsible for slimming down the nation?

Several recently released obesity action plans - including one for Illinois - suggest the government can do it through a battery of public policy measures ranging from soda taxes, better school lunches and mandatory school gym to calorie listings on menus, fitness-friendly infrastructure and restrictions on "junk food" advertising.

Drawing from other public health successes, they theorize that if taxes and laws can get Americans to wear safety belts and stop smoking they can also persuade us to exercise, eat better and, thus, lose weight.

But a growing chorus of critics, including some conservative politicians, say the government has no business - or hope of succeeding - in the weight-loss arena.

"It's the individual's responsibility," said Steve Siebold, author of "Die Fat or Get Tough." "For the majority of us, we need to stop putting the pizza in our mouth and it's not the government that's going to get us to do that. It's about making a personal decision to make it happen, not letting the nanny state take care of us."

Last fall, Sarah Palin characterized Michelle Obama's "Let's Move" anti-obesity campaign as an assault on individual rights.

"What she is telling us is that we can't trust parents to make decisions for their families in what we should eat," Palin told radio host Laura Ingraham. "Instead of a government thinking that they need to take over and make decisions for us according to some politician or politician's wife priorities, just leave us alone."

Advocates of anti-obesity policies, however, say the government has a responsibility to intervene when taxpayers pick up much of the nation's obesity-related health care costs, calculated at \$147 billion in 2008 by the Centers for Disease Control and Prevention.

In Illinois alone, obesity results in \$3.4 billion a year in additional medical costs, a figure that is projected to rise to \$15 billion by 2018 if trends continue, said Elissa Bassler, chief executive of the Illinois Public Health Institute.

"So if you are not even concerned about health and care only about economics you can still see how this affects the bottom line for employers, the business community and policymakers," she said. "The cost to their pocketbook is just overwhelming."

In response to the state's rising obesity levels - which have increased more than 80 percent since 1995, according to the CDC - public and private stakeholders formed the Illinois Alliance to Prevent Obesity in January 2010. This month the group presented a State Obesity Action Roadmap featuring eight objectives - from making healthy food more accessible to promoting safe and active transportation - aimed at stabilizing state obesity levels by 2015 and reversing the trend by 2018.

But to "Obesity Myth" author Paul Campos, such initiatives reflect a refusal to accept the ineffectiveness of population-wide weight reduction programs.

Campos, a University of Colorado law professor, bases much of his pessimism on long-term health interventions by Johns Hopkins University and the University of Minnesota that resulted in improved health behaviors but no weight loss. He also notes that the most reliable CDC data show a plateauing of obesity rates over the last decade.

"We don't know how to make fat people thin or how to keep thin people from getting fat on a population-wide basis," said Campos. "This is considered a heretical and anathematizing thing to say in these public policy debates, but it's a critical detail that tends to be ignored by policymakers. They are recommending interventions that have been tested repeatedly and don't work."

Supporters of anti-obesity policies don't deny past problems but note that many of the newer strategies have not yet been tried, or at least not for very long.

Among these strategies are calorie labeling requirements at chain restaurants that will go into effect nationally in 2012. New voluntary guidelines on advertising "junk food" to children were also released last week, to protests by the food industry.

As nutrition policy director for the Center for Science in the Public Interest, Margo Wootan has been working on both issues for about a decade and said that only today is she seeing the first glimmers of results.

"These strategies may take time to create measurable changes in public health," she said. "Preliminary studies on local menu labeling laws have been mixed, but it's still early. Come back in five years and ask me how well menu labeling works."

It has become accepted wisdom in the anti-obesity community that opening full-service grocery stores with fresh produce in areas known as "food deserts" will increase consumption and improve health. But a recent study found that doing so doesn't always translate into healthier eating - especially when fast-food restaurants are around.

"Just making these foods available doesn't mean that people are going to buy them or eat them," said Ruth Kava, a senior fellow at American Council on Science and Health, which is partially funded by the food industry. "Many people are not going to know what to do with them because their family has never used that kind of food. In my mind it boils down to appropriate education."

But Rebecca A. Krukowski, an assistant professor of health behavior at the University of Arkansas, says education may not be enough. People knew it was unhealthy to smoke, she said, "but it was only when we added high tobacco taxes that we saw a difference in quit rates and reducing the initiation of smokers, especially in vulnerable populations like young people or those with low incomes."

Most observers agree that obesity is a more complicated issue than smoking and that prohibitively high taxes on soda and junk food could be hard to pass. Such rules seem "kind of punitive," Kava said. "Simply demonizing one kind of food or beverage is not going to solve the problem."

In Illinois, at least four bills endorsing soda taxes or restricting what items can be bought with food stamps were introduced this year, but all died in committee. State Rep. Mike Zalewski, who introduced a bill to restrict soda purchases with food stamps, said debates on these issues often turn into "a circus."

"You have folks saying we are over-regulating industry and being too intrusive and they question what we are trying to achieve," said Zalewski.

Frank Hu, a professor in the Harvard School of Public health, says he's a bit weary of debates over government interventions versus individual choice.

"The dichotomy is just not useful," he said. "We are living in a society and an environment where people interact with one another. And our obesogenic environment, to some degree, is the cause of the obesity epidemic. So even if someone has a strong motivation to diet it becomes extremely difficult."

For example, Krukowski said, a person may be trying to make good choices for dinner only to be thwarted by unhealthy offerings at work or seduced by ads for fast-food restaurants on the way home.

But motivational trainer Siebold believes that waiting for the government to transform our environment creates the perception that it's someone else's job to modify our behavior.

The author, who offers a weight-loss coaching plan for free at fatloser.com, says he arrived at his philosophy after finding himself 40 pounds overweight and simply deciding to make a change.

"The government is creating this learned helplessness by saying that they are going to take care of everything," Siebold said. "I say, 'Grow up and take responsibility and fix it yourself.' But we don't want to hear that because we're so soft and used to being coddled."

Bassler agrees that the success of the State Obesity Action plan will, in the end, rely on hundreds of thousands of individuals changing their lives and deciding to make healthier choices.

"But," she said, "we think that by working on these policies, systems and environments we can make the healthy choice the easier choice."

< <http://www.gazettenet.com/2011/08/03/government-weighs-obesity-action-but-critics-say-its-all-in-our-hands>  
>

Published in *CT* 8/3/11

Published in *TL* 8/7/11

#### **RIO/RDP:**

- "Obesity" isn't necessarily a two-sided debate (for obesity?)
- Yet we can hone that issue to a workable focus for our final paper
- As the Thesis Question demonstrates:
  - *Should or shouldn't the government be responsible for fixing America's obesity problem?*
- Now we have 2 clear, legitimate sides to explore; here, we have a for/against that fits.