Languishing for decades in the backwaters of research, medical practice, and public awareness, obesity has burst forth into modern awareness. Yet, what seems like frenzied attention is inadequate. Prevalence is still rising and there are few signs of meaningful action. Much is at stake, not only for the people with the problem, but for the economy, the future of children, and groups such as the food industry that are in the crosshairs of public opinion.

Obesity is an important and difficult problem. Disputes rage about its death toll, but these obscure an important reality—obesity causes a number of serious diseases, affects quality of life in profound ways, and exacts a powerful financial burden on society through health care costs, lost productivity, time off work, and costs not yet quantified (e.g., poor learning in schools due to unhealthy diets and inactivity).

Obesity is out of control to the extent that even keeping prevalence stable would be a major victory. The issue must be addressed from multiple perspectives, with creative people from many disciplines working toward solutions. The essays in this issue represent innovation in thinking. Long overdue is fresh thought from the social sciences beyond psychology. For this reason alone, there is reason to celebrate these essays.

Many years and much research were needed to bring obesity to the status of a legitimate medical problem and it was even later that it entered the domain of public health. The nation has been mired in a dialogue that guarantees the status quo, namely that obesity is a matter of per-
sonal responsibility and that education is the solution. The first premise is wrong and the proposed solution is a dead end. There is a desperate need to broaden the discussion so that the central roles of economics, social conditions, and politics are addressed.

One would need multiples of the space I have been allotted to comment in detail on the essays published here. I will address what I believe to be the most important issues in shaping future debate.

The Trajectory of Public Opinion

Eric Oliver and Taeku Lee do the field a service by noting the importance of public opinion in driving the nation’s responses to the obesity problem. A public that does not recognize obesity as a problem, does not care, or believes that individuals bear sole blame would not be expected to support aggressive action.

The centerpiece of Oliver and Lee’s essay is an opinion poll of 909 adults interviewed in 2001. Based on these data, they conclude, “We find that, contrary to the views of health experts, most Americans are not seriously concerned with obesity, express relatively low support for obesity-targeted policies, and still view obesity as resulting from individual failure rather than environmental or genetic sources.” I believe these assertions are incorrect and are not supported by available science. Rather than seeing the 2001 data reported again, it would have been more helpful to have a summary of more recent data and an examination of trends across surveys.


These data offer the opportunity to address the two most important assumptions that Oliver and Lee draw from their data.
Questionable Assumption 1: Americans Are Not Concerned with Obesity

Certainly Americans are interested in obesity—the explosion of press coverage on the topic is evidence—but polling data also show high levels of concern. In the Harvard Forum poll, 79 percent rated obesity in adults as a major problem, and 74 percent said the same about childhood obesity. The percentage of people who rated childhood obesity a serious problem was 92 percent in the California Endowment poll and 95 percent in the Kaiser Family Foundation poll.

Questionable Assumption 2: Americans Do Not Support Obesity-Targeted Policies

The most controversial obesity-related proposal by far has been to tax foods. Examining the trajectory of this and other public health measures is instructive in predicting what will come. Oliver and Lee, in their 2001 poll, found that 33 percent of their sample favored taxing foods to subsidize healthy foods. The numbers favoring taxes were 41 percent in the 2003 Harvard Forum, 40 percent in the 2003 Kaiser poll, and 41 percent in the 2004 ABC/\textit{Time} poll. The Harris interactive poll done later in 2004 found that 54 percent supported a tax of a few cents on items such as soft drinks and junk foods, with the money earmarked for child nutrition programs. Although questions are asked differently across polls, percentages rising from 33 percent in 2001 to 40 percent in 2003 and 54 percent in 2004 suggest a trend, and this is for the most radical proposal.

Similar trends seem clear for other means of changing the environment. Another radical idea is to limit or ban food advertising directed at children. The percentages in favor were 57 percent in the 2001 Oliver and Lee poll, 58 percent in the Harvard Forum poll, and 73 percent in the 2004 Harris Interactive poll. The number in favor of restricting or banning soft drinks and snack foods in schools rose from 47 percent in 2001 (Oliver and Lee) to 59 percent in 2003 (Harvard Forum) and then to 69 percent in 2004 (ABC/\textit{Time}). Data on required calorie labeling in restaurants show 61–62 percent in favor (ABC/\textit{Time}, Harvard Forum) with other polls showing even higher numbers: 78 percent in the Kaiser poll, 81 percent in the Harris Interactive polls, and 87 percent in the California Endowment poll. These data are summarized in table 1.

1. Information on the poll results can be found at www.kff.org/kaiserpolls/obesity.cfm (Kaiser Family Foundation/\textit{San Jose Mercury News}); www.calendow.org/news/press_releases/2004/03/Press_Release.stm (California Endowment/Field Research Corporation);
A fascinating issue is what at first glance appears to be antithetical data—many people declare obesity a matter of personal choice but at the same time support heavy government intervention to change the environment. In fact, these two perspectives can be reconciled. Whether an individual chooses to eat or be active at any moment is a personal decision, but the overall eating and activity of the population are a function of an environment that undermines personal control. Public health measures make perfect sense under such circumstances.

I am delighted that opinion polling has become part of the nutrition and obesity picture and that serious scholars are generating and evaluating such data. I do, however, look at recent polling data and come to conclusions opposite those presented by Oliver and Lee. The numbers seem clear in showing that

- Americans are highly aware of obesity and consider it a major medical and public health problem
- There is growing support for public health approaches such as taxing foods, restricting food advertising aimed at children, banning soft drinks and snack foods from schools, and requiring calorie information on restaurant menus. In some cases those in favor comprise a considerable majority.

These attitudes set the stage for legislation, regulation, and perhaps even litigation. School systems (e.g., Los Angeles, Philadelphia, Miami) and state governments (e.g., Connecticut, California) have stopped or plan

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Table 1  Trends in Public Opinion

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<th>2001</th>
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<td>Favor taxing foods</td>
<td>33%</td>
<td>40%</td>
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<td>Favor restricting children’s food advertising</td>
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<td>Favor soft drink/snack food bans in schools</td>
<td>47%</td>
<td>59%</td>
<td>69%</td>
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<td>Favor required calorie labeling in restaurants</td>
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to stop soft drink sales in schools. Other states (e.g., Maine) are considering mandatory restaurant labeling. Some federal legislators are speaking seriously about such actions. This indicates both grassroots and top-down change, a sure sign of public support.

The Politics of Private Behavior

In their fine tradition of conceptual articles on the obesity issue, Rogan Kersh and James Morone use the “politics of private regulation” to characterize the nation’s response to the obesity problem. Their work has been instrumental in placing obesity in historical and political contexts and has helped broaden the debate by integrating lessons learned from tobacco and alcohol.

As Kersh and Morone note, much depends on how core issues are framed. Their discussion of politics and private behavior distills the two concepts at the heart of the obesity issue—who or what is responsible for obesity and who is responsible for its change.

Scholarship can take many forms with a problem such as obesity. Some scholars seek to observe and others seek change. Many public health researchers fight the tobacco industry and push for strong actions such as high cigarette taxes, whereas social scientists are more likely to witness and then chronicle the theater of it all.

One can see both possibilities in Kersh and Morone’s article. It is clear that they wish to chronicle the obesity debate and to examine the historical parallels with other health crusades. The question is whether they intend to change the course of the debate and favor certain frames over others and in so doing to shape the phenomena they describe.

The “politics of private regulation” is a phrase laden with meaning and implies much that less evaluative terms would not—for example, “the politics of diet and physical activity” or “the politics of obesity.” The premise that politics is dictating private behavior releases a series of corollary assumptions that in my belief are difficult to reconcile with science and create a template for responding to obesity that I believe is counterproductive.

The matter of what causes obesity is debated primarily on political, philosophical, and even moral grounds, which leads to an interesting but unsatisfying mix of polarized views from groups that have become combatants. For many people, an explanation of obesity can be predicted from political persuasion.

Lost in the fiery debate are a key fact and a key value. The fact: there
really are causes of obesity. The value: science should be the referee in this debate. The science of causation has been instrumental in shaping the tobacco debate as well as attitudes about alcoholism and AIDS, for example. The same is needed regarding obesity.

A long chain of causal factors terminates at what Kersh and Morone call private behaviors, what people eat and whether they exercise. Body weight is governed by these two behaviors—no mystery there, but directing focus to the terminal behaviors diverts attention from a more important question: why are people eating too much and being sedentary? The hypothesis captured in the language of private behavior is that personal irresponsibility causes obesity. It is a reasonable hypothesis, but it is unreasonable to ignore the science that puts it to a test.

Many levels of analysis are available to identify causes of obesity. Genetic research finds some individuals more vulnerable than others to weight gain. Work on the physiology of hunger and satiety reveals a complex web of factors that affects eating. Studies on the pathophysiology of obesity indicate that some individuals are particularly susceptible to the impact of increasing weight. Such research helps explain different responses of individuals to the environment but the larger question is why the environment promotes obesity.

The cause of population weight gain is an environment that promotes unhealthy eating and discourages physical activity. Much evidence supports this conclusion and leads one away from biology or personal responsibility as the primary cause. People who move to the United States from other countries tend to gain weight, and those moving from the United States elsewhere tend to lose weight. The Pima Indians of Arizona provide a pronounced example. With one of the highest rates of obesity in the world and the highest rate of diabetes, the Pimas stand in comparison to their normal-weight biological relatives who are subsistence farmers in Mexico. Change the environment and weight changes.

Average weight in the U.S. population has increased year after year, a phenomenon now seen in many other countries. This cannot be ascribed to biology and if personal responsibility is eroding, the question is why. Further evidence of environmental causes can be found in animal studies. Many strains of laboratory animals can be made obese simply by offering them foods that humans eat routinely. Biology permits this weight gain but the environment provokes it, and of course, personal responsibility is not an issue with lab animals. One simply cannot explain high rates of obesity by biology or by positing a systematic, worldwide decline in responsibility.
Characterizing eating and activity as private as opposed to public health behaviors also affects concepts for change. If obesity is a private issue, it stands to reason that little should be done beyond minor efforts to persuade people to be responsible. There is little corporate and government responsibility—the only change needed is from the individual. Calls for industry change provoke cries of inequity—why should they be blamed if there are many causes of obesity? Proposed action by government is greeted with complaints that personal liberties are threatened (the food police are imposing their will). These arguments resonate with American values of individualism.

The attempt to frame the public debate in this way is a heavily funded enterprise. The food industry and its political allies have invested considerable resources to control the frame. There are eerie similarities with tobacco. That industry and its supporters claimed that smoking was private behavior and hence a matter of personal choice, that the industry did not promote overconsumption, much less addiction, and that smoking was so personal that government should flee from any prospect of intervention. Tobacco succeeded in its aim for years, with the consequence of millions of unnecessary deaths. Many of the same law firms, public relations agencies, and political front groups are now working with the food industry. New life has been infused into an old script.

I worry that the phrase “politics of private regulation” interferes with progress. Kersh and Morone note that “public meddling in private lives is nothing new” and that “the political urge to regulate private behavior extends to a growing array of issues.” The word meddling and the phrase “regulate private behavior” imply heavy-handed and unneeded action at best and can lead easily to totalitarian language to describe public health actions. How can one be objective in evaluating the potential for removing soft drinks and snack foods from schools, using revenue from a small tax on soft drinks to fund nutrition programs, reducing child exposure to food advertising, or changing farm subsidies if the action is labeled meddling? The practical consequence is to lock in the status quo because to do otherwise is to intrude. We cannot afford the status quo.

Government steps in to influence many behaviors that one could call private. People are required to wear motorcycle helmets, use seat belts, and pay very high taxes on cigarettes. Little is more private than the relationship between a parent and child, yet parents are required to have children immunized, be schooled, and placed in safety restraints in automobiles. In each case there is the perception of a compelling social need.

The question then becomes whether the toll caused by poor diet, physi-
cal inactivity, and the diseases they cause, particularly in children, crosses the threshold to warrant action. The values used to justify immunizations, seat belt laws, and safety restraints for children are evident; costs to society of doing otherwise are too high and children need protecting. The amount of death and disability saved by requiring motorcycle helmets or mandating child safety seats must be a fraction of what would be accomplished by preventing obesity.

There is consequence to language. It would be interesting to know if Kersh and Morone intend to steer the debate in a particular direction. I prefer a discussion focusing on the fact that there is a full-scale struggle for control of the frame, with personal responsibility and private health behavior as one potential frame. Whether this frame is true (supported by science) is important to consider.

**Promoting Food to Children**

Convincing children to eat particular foods has an interesting history. Laura Lovett’s description of the cartoon character Popeye and the impact he had on spinach consumption is heartening. Is a modern-day equivalent at all possible?

Promoting food, toys, and other consumer products to children is a highly rewarding process. Child marketing is the subject of annual conventions, books, case studies in business schools, and awards. U.S. children aged five to fourteen spend $20 billion annually themselves and influence the spending of another $200–$500 billion. They are big business and persuading them to become consumers is a key goal of many industries.

Children are barraged by food advertising. They see ten thousand food advertisements per year on television alone, and this just begins the story. Add to this what the industry calls guerilla marketing—product placements in movies, television shows, and video games, food industry Web sites with games, licensing of cartoon characters for food promotion, placement of soft drink machines in schools—it is safe to say we have placed the nutrition education of our children in the hands of the food industry.

The next frontier, according to marketers, is the cell phone. Each day millions of children power up their cell phones as they finish school. New phones can be equipped with a GPS (global positioning system) chip that identifies the location of the user. The industry is perfecting technology to beam advertisements specific to a child’s location (e.g., coupons to a nearby fast-food restaurant).
The number of food messages would be less of a concern if they were akin to Popeye eating spinach. Instead, they are Sponge Bob and Scooby Doo promoting high-fat, high-sugar foods, Beyoncé Knowles and Britney Spears selling soft drinks, and leading sports stars encouraging people to eat fast food. Approximately 95 percent of the messages advertise foods such as sugared cereals, soft drinks, candy, fast foods, and high-calorie snacks. Popeye and his spinach have been crushed by Wimpy and his burgers.

Advertising must have the intended impact or the industry would not spend the billions it does. The considerable science on the topic proves the obvious, that advertising works. It encourages eating unhealthy foods in large amounts and coaches children to pester parents to buy the advertised foods. The industry claims, just as the tobacco companies did, that advertising affects only the choice of one brand over another but not desire for the type of product being advertised. This defies both science and common sense.

Can the Popeye phenomenon be reproduced in today’s world? Perhaps, but only with massive funding. Consider what would be required for healthy food promotion to simply draw even with, much less prevail over what exists now. Celebrities, sports stars, and cartoon characters would have to be paid to deliver the message. It would take years for new icons to compete with the Trix rabbit, the Lucky Charms leprechaun, Cap’n Crunch, and Ronald McDonald. Hundreds of millions of dollars would be insufficient—funding would have to be in the billions.

Attacking Obesity versus Obese People

Abigail C. Saguy and Kevin Riley offer the best sociological analysis I have seen on the obesity issue. They begin their discussion not with obesity but with AIDS. Society, fearful of and appalled by those with AIDS—gay men and intravenous drug users initially—ignored the disease and further stigmatized its sufferers. Some believed that those with AIDS deserved the disease and were being intentionally punished by a higher power. To fight the disease might subvert God’s will.

Morality drove perceived causes. The specifics of virus transmission were unimportant because immoral behavior caused the problem. Such views prevailed over public health realities and the nation was slow to respond. The picture has now changed, at least to an extent. Stigma has not been erased, but society can now attack the disease while having compassion for those afflicted. This turning point, at which society lowers the
moral thermostat, better attends to science, steps in to prevent the disease, and emphasizes basic public health principles, has been instrumental in progress made across a number of diseases such as alcoholism, cancer, and of course AIDS.

Obesity fits this picture like a glove. Morality trumped public health for many years, explaining both the nation’s lack of response to the obesity issue and the bias directed at overweight people. Called by some the last acceptable form of discrimination, bias based on weight has been documented in key areas of living, including education, employment, and health care.

Saguy and Riley connect existing literature on obesity with interviews of key figures in the debate, people they refer to as cultural entrepreneurs. This analysis provides a unique perspective, culminating in an important conclusion: “What one might assume to be strictly arguments over scientific methods and empirical facts are actually heated struggles over framing and morality.” This observation helps explain why the debate becomes stuck at crucial points. Compelling scientific arguments about the causes of obesity are greeted as irrelevant by those approaching obesity on moral grounds. Each group is confident in its explanation and feels that the other has fallen victim to specious logic. One group is from Mars, the other from Venus, and they talk at each other using different languages.

One can build on the observations of Saguy and Riley by asking whether this conflict in perspective can be resolved, and if not, what the impact will be. What is the consequence of taking a moral versus public health perspective? Is there a way of determining the truth? Can there be a test of whether moral weakness is related to obesity risk?

I believe the public debate will change and that it will do so in ways that move discussion away from the moral arena and toward public health approaches. Science, advocacy groups, and pragmatism are beginning to turn this tide. The next generation of advances will be possible once this transition is complete.

In sum, the essays in this issue represent real progress in conceptualizing the obesity issue. Different perspectives on such a complex topic are important in broadening thinking and are likely to accelerate change. Each of the essays makes important contributions and could stimulate interest among others in fields such as political science, economics, and sociology. Such interest would be most welcome.