

How Should the Government Respond to Obesity?

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Why I Would Use These Sources

The CDC map shows that obesity rates have been rising dramatically across the country over the past two decades. Within Virginia, the graph shows that the percent of the population that is obese has been increasing (green line), while the percent of the population that is normal or underweight has been decreasing (blue line). The Table shows that obesity rates have been increasing among all subgroups and among those below and above the poverty level. The main point of this lesson is to have students think through what the government's response should be to the high rate of obesity. Addressing the government's response involves three related questions: 1.) What is the cause behind the rise in obesity? 2.) Should the government be involved in personal choices about eating and exercise? 3.) What should the government's response be, given the causes behind the rise in obesity are still disputed?

The cause of the dramatic rise in obesity rates across the country is somewhat of a mystery. Both the scope and rapid increase over time suggests societal/environmental factors that are encouraging weight gain, as it is unlikely that people have simply lost their will power in recent years. A class discussion might start with brainstorming possible causes (increased TV, video games, more working parents, less safe areas to exercise/play, culture, less physically demanding jobs, etc.). Economists tend to focus on the declining price of calorie dense foods (candy bars, chips, hamburgers) relative to healthier foods. Public health practitioners often focus on how our environment and lifestyle are not conducive to physical activity. This discussion should conclude with the point that we do not have all the answers to solve this problem.

The second issue concerns the consequences of obesity. The problem with viewing the consequences of obesity as purely a personal choice rather than a public health issue is that obesity imposes large costs on society. Being obese increases one's risk of a variety of diseases, including diabetes, hypertension, heart disease, stroke, and some forms of cancer. These diseases result in large medical costs and lost worker productivity. The CDC estimated that obesity—related medical costs (both public and private) in Virginia in 2003 were \$1.6 billion, with Medicare or Medicaid¹ paying 42 percent.² The class can discuss whether the financial interest of the government is a sufficient reason for the government to try to influence personal choices? In situations where personal choices have a cost to society, it is not uncommon for governments to step in and influence those choices; for example, laws requiring motorcycle helmets, high "sin taxes" on cigarettes and alcohol, and public health campaigns to discourage smoking are used. Beyond the financial interests, are there other reasons to justify government involvement such as the health and well-being of citizens?

Assuming the causes of obesity are unclear, the government has an interest in reducing obesity. What should the state or local government do to change the situation? A general solution is to try different programs based on the best available scientific evidence and design the programs to

¹ Medicare is health insurance for individuals over 65 that is paid for by the federal government. Medicaid is health insurance low-income/ disability health insurance, where the cost is split between the state and federal government.

² Governor's Health Reform Commission, Roadmap for Virginia's Health, Sept. 2007.

facilitate evaluation of their effectiveness. The class can discuss possible programs to address the causes that they came up with.

Examples of programs include:

- Virginia Commonwealth University's ten-week walking program in 2004 provided pedometers to participants to both encourage a healthy lifestyle for students and employees and to provide researchers with useful data.
- New York City's ban on trans-fats restaurants and the City's attempt to require restaurants to post calories.

A more difficult question is how to collect data to evaluate the programs' effectiveness. For example, evaluating New York City's ban would be difficult as the effects would not likely show up in population-wide obesity rates. Students can think of ways to collect data on the effect of programs (surveys of individuals, data on food sold).

How I Would Introduce the Sources

I would show the class the data, cold, if the computer equipment is available or you can use Handout #1: *What Does the Data Tell You?* High school students may not be aware of the dramatic rise over time. In class, discussions could be centered around the three issues: 1) the cause of the rise in obesity; 2) whether the consequences of obesity warrant government involvement; and 3) what the government can do.

The most lively discussions will likely center around the first issue, as everyone has an opinion on the causes of obesity. To discuss the second issue, you will have to let the class know the health consequences of obesity and the cost to the government due to Medicare and Medicaid. Then have students discuss whether costs are enough to justify government involvement or whether there are other justifications for involvement. Is obesity similar to cigarettes, should there be a higher tax on unhealthy, calorie-dense foods to discourage obesity?

To draw out discussion for the third issue, I would select the top few most common/ likely explanations and see if students can think of possible government programs to address that cause and how the government could evaluate the success of the program. This might be difficult, but students can generally think about ways to collect data, such as surveys, self-reporting, measuring BMI (body mass index) before and after a program, etc. The aim is to get students to think about how the government should respond to public health problems.

Reading the Sources

I would have students work in groups to develop ideas on the causes of obesity, reminding them that it has to relate to something that has changed over time to match the data, then share some of their ideas with the class. People can be very opinionated about the causes of obesity. So I would try to at least have them recognize that there could be multiple causes and multiple ways to address those causes. Scientists have spent extensive time studying the issue, but have not come to a single conclusion.

For the second issue regarding government involvement, I would generally just allow the students to express their opinions. Suggesting a tax, similar to the cigarette tax, is one way to get students to think about what it would mean to them to have higher prices on their candy bars, etc.

The third issue, what should the government do, rests on the students concluding that the government should do something. While not having the government do anything is a legitimate response, if the students come to this conclusion then the next phase would be to explore a variety of responses that the government could take if it chose to act.

Reflections

This topic encourages students to analyze several issues. First, this is an opportunity to think through what explanations fit the facts. Because there has been a change in obesity over time, the explanations have to also account for the change. Second, it encourages students to think through the advantages and disadvantages of different government policies. Evaluation of pilot or test programs can provide a way to test different programs to see what works and, thus can be an essential component to good government policy. Third, it encourages students to think about when and why the government is getting involved in an issue that involves personal choice. However, the fact that this topic relates to their own decisions about what to eat and how much to exercise should facilitate students developing an interest in the topic.

Materials

- Handout #1: *What Does the Data Tell You?*

Name _____

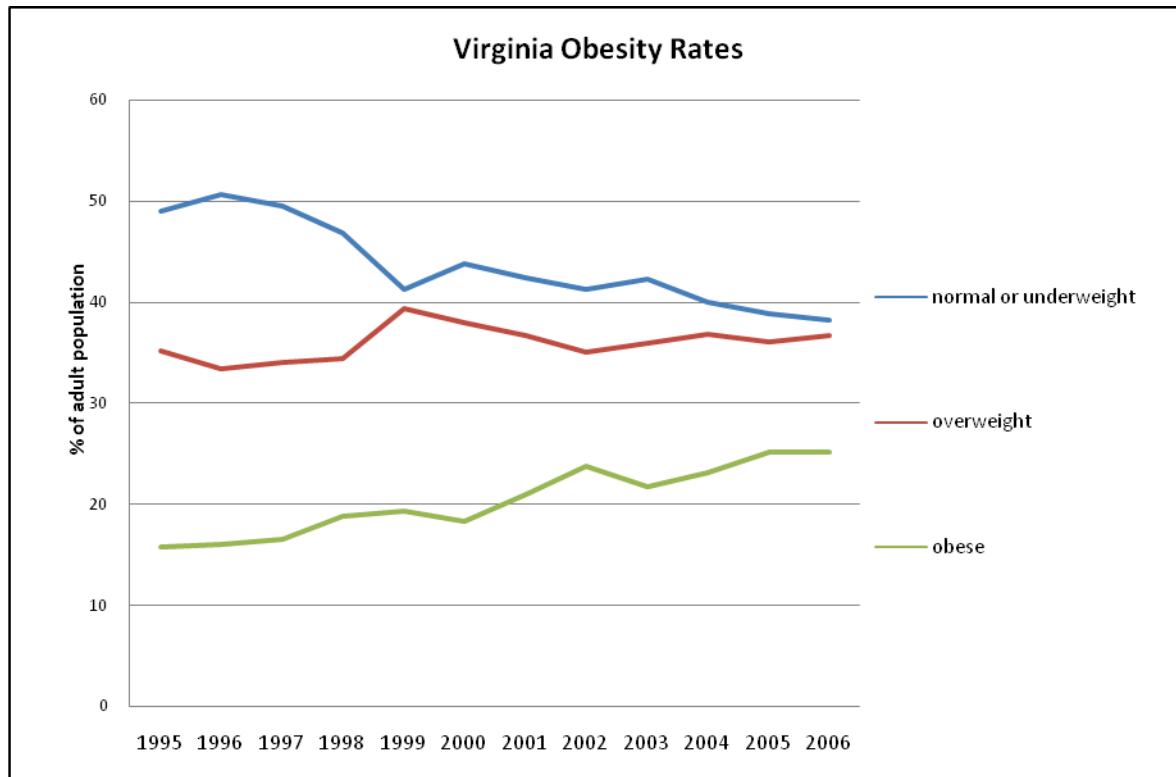
Period _____ Date _____

What Does the Data Tell You?

Primary Sources

1. **Map** - Centers for Disease Control and Prevention (CDC) map of obesity rates by state 1985–2007 <http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/>

2. Graph



Source: Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1995-2006.

Name _____

Period _____ Date _____

3. Table - National Obesity Percentage for Adults 20-74 Years Old by Subgroup

Sub-group	1976-1980	2001-2004
Race/ethnicity and gender		
Both sexes	15.1	32.1
White only, male	12.4	31.0
White only, female	15.4	31.5
African American, male	16.5	31.2
African American, female	31.0	51.6
Hispanic, male	15.7	30.5
Hispanic, female	26.6	40.3
Percent of poverty level:		
Below 100%	29.2	34.9
100% to 199%	26.6	34.6
200% or more	21.4	30.6

Source: Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey. Rates are age-adjusted.

Note on measuring obesity

An obese individual is typically defined as a person with a body mass index (BMI) of 30 or higher. An overweight person is one with a BMI between 25 and 29.9. The formula for BMI combines weight and height. A BMI calculator is available at: <http://www.nhlbisupport.com/bmi>

Health Consequences of Obesity: Obesity increases the risk of many diseases and health conditions.

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, and colon)
- Hypertension (high blood pressure)
- Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
- Stroke
- Liver and Gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
- Gynecological problems (abnormal menses, infertility)

Source: <http://www.cdc.gov/nccdphp/dnpa/Obesity/>