How Should We Reduce

OBESITY

in America?

About This Issue Guide

The purpose of this issue guide is to help us talk productively about a difficult issue that concerns all of us.

Deliberation

It's not a debate. It's not a contest. It's not even about reaching agreement or seeing eye-to-eye. It's about looking for a shared direction guided by what we most value.

It's about examining the costs and consequences of possible solutions to daunting problems and finding out what we, as a society, would or would not accept as a solution.
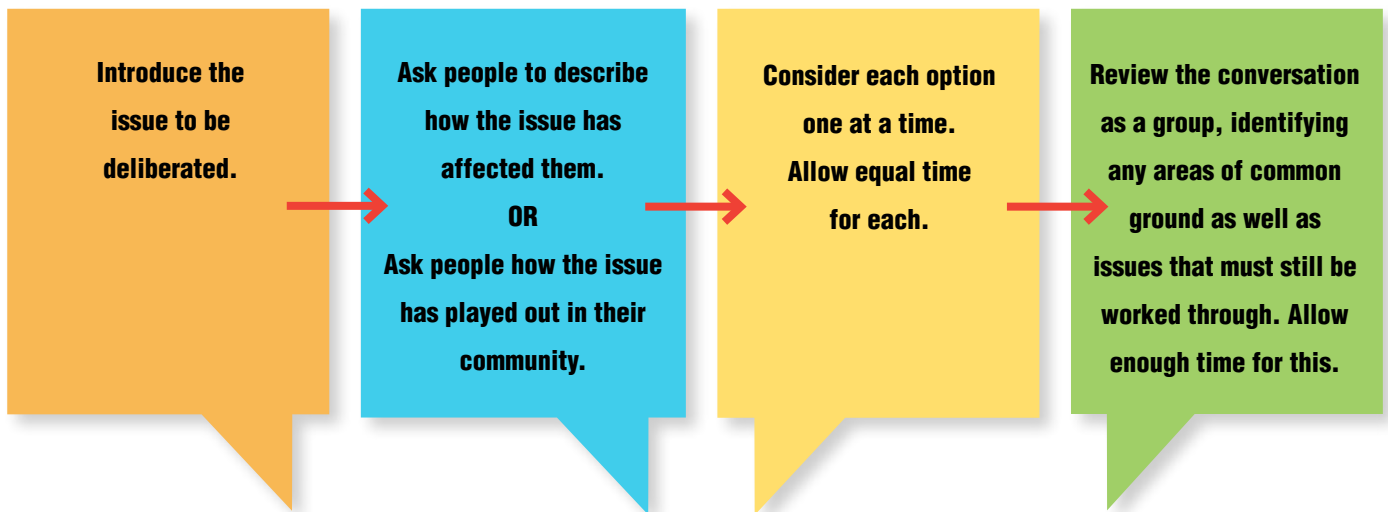
A Framework

This guide outlines several alternative ways of looking at the issue, each rooted in a shared concern. It provides strategic facts associated with each approach and suggests the benefits and drawbacks of possible solutions. We engage in deliberation by:

- getting beyond the initial positions we hold to our deeper motivations—that is, the things we most care about, such as safety, freedom, or fairness.

- carefully weighing the views of others and recognizing the impact various options would have on what others consider valuable.

- working through the conflicting emotions that arise when various options pull and tug on what we—and others—consider valuable.

It is important to remember that, as a group, we are dealing with broader underlying concerns that are not defined by party affiliation and that your work here is to dig down to the basic values that define us as human beings and Americans rather than as liberals and conservatives.

One Effective Way to Hold a Deliberative Forum*

| Introduce the issue to be deliberated. | Ask people to describe how the issue has affected them. OR Ask people how the issue has played out in their community. | Consider each option one at a time. Allow equal time for each. | Review the conversation as a group, identifying any areas of common ground as well as issues that must still be worked through. Allow enough time for this. |

*This is not the only way to hold a forum. Some communities hold multiple forums.

Ground Rules for a Forum

Before the deliberation begins, it is important for participants to review guidelines for their discussion.

- **Focus on the options.**
- **All options should be considered fairly.**
- **No one or two individuals should dominate.**
- **Maintain an open and respectful atmosphere.**
- **Everyone is encouraged to participate.**
- **Listen to each other.**

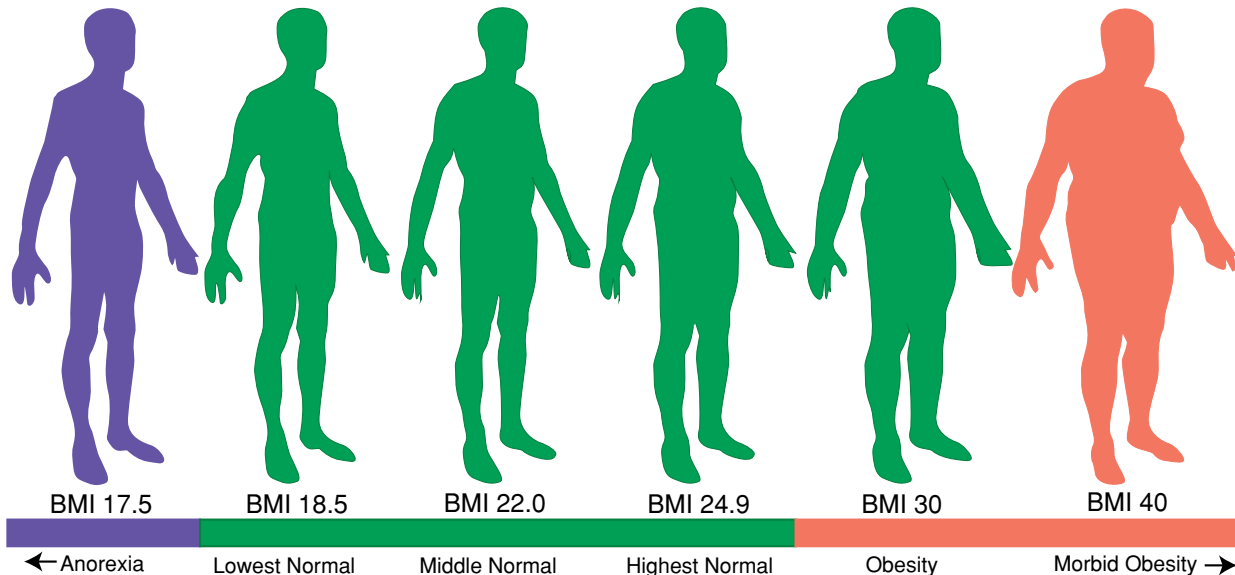# How Should We Reduce OBESITY in America?

OBESITY IS A HEALTH PROBLEM that is growing rapidly in the United States and other parts of the world. In this country, it is epidemic. About one in three Americans is obese.

It may be natural for people to gain at least a little weight later in life. But that is no longer the issue. The problem today is that by the time American children reach their teens, nearly one in five is already obese, a condition all too likely to continue into adulthood.

What do we mean when we say that someone is "obese"? Obesity is determined by a formula that uses height and weight to produce a Body Mass Index, or BMI. For example, an adult who is 5 feet 9 inches tall and weighs 203 pounds has a BMI of 30, which is considered to be the threshold of obesity. Although the BMI is just a guide and not a precise measurement of body fat, it can be a useful tool for identifying people who are likely to face weight-related health risks.

BMI 17.5	BMI 18.5	BMI 22.0	BMI 24.9	BMI 30	BMI 40
← Anorexia	Lowest Normal	Middle Normal	Highest Normal	Obesity	Morbid Obesity →

The consequences of obesity are far more serious than the inability to fit into our clothes. "Obesity increases individuals' risk for a host of diseases, with cardiovascular disease right at the top of the list," said Dr. Barbara Alving, commenting on the findings of an obesity task force she cochaired for the National Institutes of Health. Other medical problems triggered by carrying too much weight include stroke, diabetes, joint degeneration, and cancer.

It is not only obese people who suffer; we all pay a price. Researchers estimate that obesity and its accom-

while shortened life spans rob younger generations of their parents and grandparents decades too early.

Out of Kilter

For reasons that are not yet fully understood, minorities and people with low incomes are hardest hit. But obesity affects all races, genders, and socioeconomic classes. Although there are signs that obesity rates are leveling in some areas, it remains a serious public health problem nationwide.

It is not only obese people who suffer; we all pay a price. Researchers estimate that obesity and its accompanying problems are responsible for at least $190 billion in direct annual health-care costs, driving up insurance premiums for everyone.

panying problems are responsible for at least $190 billion in direct annual health-care costs, driving up insurance premiums for everyone. Obesity-related health problems also result in lost work hours and decreased productivity,

Americans have not always been so heavy. Look at photos of people from the 1940s, 1950s, or 1960s. Few Americans were overweight until the 1980s, when obesity rates first began rising significantly. In the decades since,

the problem has spread to other countries as their societies change to become more like ours. So far, no country has succeeded in reducing obesity.

Clearly, there is something out of kilter—at all stages of our lives. The warning signs show up early, as children become diabetic at unprecedented rates and outgrow child-size clothing at younger and younger ages.

Later in life, we wear "relaxed" expandable clothes. We sit in extra-wide theater seats. More and more ambulances carry heavy-duty gurneys for transporting obese patients to the hospital, where reinforced beds are increasingly considered standard equipment.

At the end—should we need them—funeral homes are now offering caskets designed to accommodate 500-pound bodies.

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A **Framework** for Deliberation

This issue guide asks: *How should we reduce obesity in America?* It presents three different options for deliberation, each rooted in something held widely valuable and representing a different way of looking at the problem. No one option is the "correct" one, and each option includes drawbacks and trade-offs that we will have to face if we are to make progress on this issue. The options are presented as a starting point for deliberation.

Option 1: **Help People Lose Weight** calls for taking a proactive stance in helping people lose weight—persuasion and education by families and doctors, and the establishment of consequences by employers and insurance companies. Losing weight is a personal decision but it is one that affects all of us.

Option 2: **Improve the Way Our Food Is Produced and Marketed** holds that, although our food system does a good job of keeping the cost of food low, many of the resulting products are both very unhealthy and very enticing. We need to get better control of our food production system, including how foods are marketed to us, and ensure more equitable access to healthy foods.

Option 3: **Create a Culture of Healthy Living and Eating** takes a broader view of how we live and eat. This option would promote overall, lifelong wellness by making sure our children start learning to make better choices as early as possible. This option also calls for reshaping our neighborhoods and buildings to help us get more exercise.

Option 1:
Help People Lose Weight

WE MUST EACH BE WILLING to take and support action to reduce our nation's obesity rate, according to this option, because we are all affected in ways both obvious and not so obvious.

It is no mystery why many Americans are so much heavier today than they were in the past. Americans used to eat less and get more physical exercise. Today, the opposite is true. Although some cases of obesity have medical causes, this option suggests that most people who are overweight have become so as a result of personal decisions; these choices, however, have consequences for the rest of us. Given the widespread damage caused by the country's high obesity rate, we can't afford to just sit by and wait for individuals to decide to lose weight. We must all take steps to encourage and, when necessary, require behavior changes that are vital to saving ourselves from this threat.

What Changed?

We weren't always so heavy—because we didn't always eat the way we do today. Between 1960 and 2008, the average American became about 24 pounds heavier. It should come as no surprise that, during about the same period, the average American's daily calorie intake jumped from 2,075 to 2,535, with nearly a quarter of those calories coming from sweetened junk food.

We also eat out too often. In the 1970s, Americans dedicated only about one-third of their food budgets to restaurant food. Today, this proportion is closer to 50 per-cent, the largest share of which is spent on fast food. Each day, at least one out of five Americans—including one out of three children—eats at fast-food restaurants.
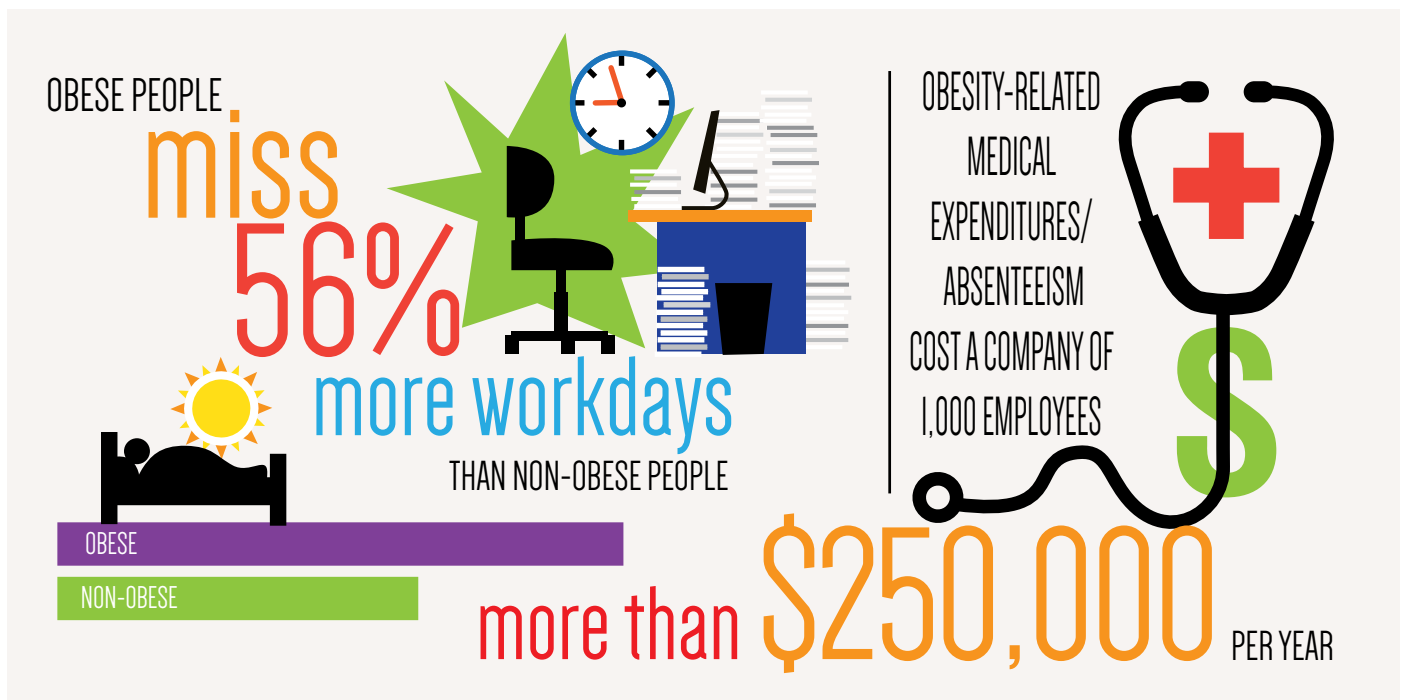
When we eat out, we are also eating more at each meal, because restaurants of all types are serving us larger and larger portions. The standard sizes of some of the unhealthiest snacks have also grown. A 1950s ad campaign for Pepsi, originally sold in 6.5-ounce and later in 10-ounce bottles, boasted about the company's brand-new bottle size:

"Pepsi-Cola hits the spot/12 full ounces, that's a lot." In most stores today, it is difficult to find soft drinks packaged in anything smaller than 20-ounce bottles.

In an article titled "Snacking Could Be the Future of Eating," *Food Processing*, a food industry trade publication, examined snacking trends in this country and found that between 2010 and 2012 alone, every single age group had begun snacking more than before. The largest increase had been among adults 18-24, who were now eating between meals nearly 30 percent more often than they had been only 2 years earlier.

Observing that cars in Japan do not include drink holders as standard equipment, because the Japanese do not consider it normal to eat or drink in cars, *Harvard Magazine* journalist Craig Lambert lamented that Americans today "seem to eat only one meal a day—all day long."

OBESE PEOPLE **miss** **56%** more workdays THAN NON-OBESE PEOPLE

OBESE
NON-OBESE

OBESITY-RELATED MEDICAL EXPENDITURES/ ABSENTEEISM COST A COMPANY OF 1,000 EMPLOYEES

more than $250,000 PER YEAR

We All Pay the Price

In addition to the physical problems that overweight people experience, our current high rate of obesity negatively affects every single American, financially and otherwise. Obesity is a major driver of health-care costs. A 2009 US Centers for Disease Control study found that obesity and obesity-related conditions were already responsible for about 10 percent of all medical spending nationwide, with obese patients costing health insurance companies an average of 12.9 percent more than non-obese patients. Those costs, of course, are passed along to all of us.

That's not the only way that obesity hits us in the wallet. Because of their medical problems, obese people miss 56 percent more workdays than non-obese people do. For a company with 1,000 employees, that means obesity-related medical expenditures and absenteeism would cost the company more than a quarter of a million dollars a year. If you work at a company like that, you might be asked to pick up that slack; even if you don't, these costs affect the prices of products or services sold by such companies, not to mention reducing the value of their stock.

Obesity drains our bank accounts in other ways as well. For example, a *Forbes* analysis compared Americans' average weight in 1960 to that of Americans in 2008 and found that, because of the 24-pound increase that occurred during that time, airlines were burning an extra $538 million worth of jet fuel each year just to carry that extra weight. Of course, these costs are also passed along to the rest of us.

It can even be said that the high obesity rate has left our nation less prepared to protect itself against outside enemies and natural disasters. In 2011, more than half of American service members were overweight, and, in 2014, an organization called Mission: Readiness announced that more than 20 percent of recruitment-age Americans are too overweight to be accepted into military service.

What We Could Do

Some people will take responsibility for improving their diets and losing weight on their own, but too many will not. The consequences affect all of us and, this option holds, we all have a responsibility to help effect improvements.

■ **Employers should charge obese workers higher health insurance premiums.** Many organizations already require higher payments from employees who smoke since they consume more than their fair share of health insurance benefits. The same logic applies to seriously overweight employees.

■ **Health-care providers should become involved at an earlier stage.** Researchers have developed a formula for predicting at birth whether a child is likely to become obese. Doctors should use information like this to work with parents to prevent babies from gaining too much weight.

■ **Communities and neighborhood groups should adopt one of many available behavioral weight-loss programs.** Considerable research has shown that behavioral strategies are effective in combatting obesity, particularly in groups. Rhode Islanders in a low-cost statewide program called ShapeUp RI, for example, are supported by friends, family, and colleagues. The program has shown that "teamwork is a powerful prescription for taking control of our health."

■ **The federal government should strengthen requirements regarding health information on food labels and restaurant menus** to include warnings about the effects of consuming too much fat- or sugar-laden food.

■ **Parents must play a major role in preventing obesity in their children.** They should fix nutritious, balanced meals; discourage consumption of fatty, sugary snack foods by keeping them out of the house; and serve as good examples themselves.

■ **Parents should also pressure schools to improve lunch choices and eliminate snack machines,** or at least stock those machines with something other than chips and candy.

Trade-Offs and Downsides

Although this option suggests a number of actions that are in the best interests of individuals and society, they each come with significant drawbacks.

■ **Higher insurance premiums for people who are overweight may not be fair** to those who are heavy but otherwise healthy, or who have genetic or medical conditions that make it hard for them to lose weight.

■ **Companies that penalize workers for being overweight or who pressure all employees to engage in exercise might hurt worker morale.**

■ **Doctors who attempt to discuss patients' weight could make them uncomfortable** and cause them to avoid medical care when they need it.

Questions for deliberation . . .

1 What do you think is the most influential factor in developing the eating habits of children?

2 Some people will always require more health insurance pay outs than others. Is it fair to charge higher premiums for people who are obese than for many others with unhealthy lifestyles or health conditions requiring frequent medical attention?

3 What else could individuals or groups in your community do to counteract the problem of obesity?

Option 2:

Improve the Way Our Food Is Produced and Marketed

LOOK AROUND MANY American grocery stores and imagine how someone from a poorer country— or even someone from this country, beamed in from 50 years ago—might react. The abundance and variety on store shelves these days is truly remarkable, with so many products that are as appealing as they are easy to prepare.

Nutritionists warn us that too much of this food contains too many calories, too much salt and sugar, and too little nutritional value. Food producers could say they are simply giving us what we want. Still, we all know people who want to make healthier choices but can't seem to do so. Is it just a matter of willpower, or could there be something about our food supply system that complicates making better choices?

This option holds that, before we can reasonably expect Americans to choose healthier foods, we have to improve the system that produces, advertises, and sells us those foods.

Engineering Addiction

The writer Isaac Asimov once joked that "the first law of dietetics seems to be: if it tastes good, it's bad for you." It is certainly true that many of the foods that are worst for us do taste very, very good—so good that we either crave them when we are not actually hungry or keep eating them long after we have satisfied any real hunger.

In what may be one of the more honest food marketing campaigns ever, ads for Pringles potato chips used to boast that "once you pop [the container open], you can't stop"; cravings for Pringles were described not as hunger but "fever for the flavor."

Many experts believe that cravings for the high-calorie foods that deliver quick, long-lasting energy go back to prehistoric times when humans were programmed to seek out such food as a survival mechanism. Though our lives are dramatically easier today, our brains have not adapted; they are still hard wired to crave—and gorge on—the fatty, salty, sweet substances that, at best, serve no useful purpose and, at worst, cause serious harm.

Consider sweetness, for example. Although the human body needs certain forms of sugars to function, our bodies could make all we need without requiring the addition of a single teaspoonful to our diets. Nutritionists say that we can get away with a little extra sweetness, as long as no more than 10 percent of our daily calories come from added sugars. Unfortunately, about 75 percent of Americans blow past this recommended limit each day.

In addition to making us heavier, the consumption of too much added sugar has been linked to diabetes, cirrho-sis of the liver, high blood pressure, high cholesterol, and an increased risk of early death from cardiovascular disease.

Why is there so much sugar in our food? Partly because large government subsidies—using our tax dollars—make it a very inexpensive, and thus very attractive, ingredient. Ever since the 1930s, various US agricultural policies have greatly reduced the cost of growing corn, which is the source of high fructose corn syrup (also known as "corn sugar"), one of the most common added sugars in our diet. Since 1995, US tax dollars used to support corn production have amounted to $81.7 billion (compared to only $637 million used to support production of fruits and vegetables). Over the next decade, various federal programs are projected to spend fully $134 billion to reduce the cost of growing crops that are used to produce key ingredients in junk foods, including soy oils, corn starch, corn syrup, sugar cane, and other sweeteners.

Reflecting on these incentives, economist and sociolo-gist Raj Patel observes in *National Geographic* that "we've

SWEET SUBSIDIES …

US Tax Dollars Used Since 1995 to Support Production

the source of high fructose corn syrup

FRUITS AND VEGETABLES:
$637 million

CORN : $81.7 billion
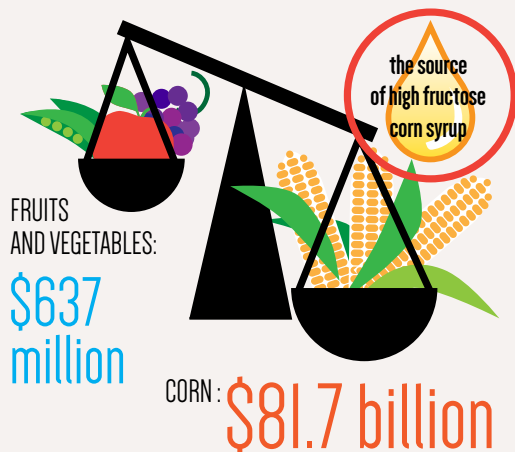
created a system that's geared toward keeping overall food prices low but does little to support healthy, high-quality food."

Marketing to Children

Another powerful influence on our food choices is advertising—especially advertising aimed at children. A 2006 Institute of Medicine study listed dozens of marketing firms that study the eating habits of, and most effective advertising techniques for influencing, children of all ages, including preschoolers. While the knowledge gained from those studies could be used to target children with positive messages encouraging healthy eating habits, for the most part that is not happening. The report found that "current food and beverage marketing practices put children's long-term health at risk."

The most obvious of these practices is the most common: TV advertising that targets children. By the age of 5, the average American child has already seen about 20,000 television ads for food, fully 95 percent of which feature foods that are unhealthy. As a result, according to a UCLA study, children who grow up watching commercial television are at increased risk of becoming obese.

Children are also exposed to food advertising in schools. In kindergarten through eighth grade, nearly 3 out of 4 students nationwide attend schools that allow some form of advertising by outside food companies; that proportion climbs to 90 percent of students at the high school level. One study found that more than two-thirds of all American public schools display ads for high-calorie, sugary processed foods.

Food Deserts

Of course, even if we are able to overcome these influences on our food choices, the fact is that many people don't have the option of buying healthy food. People who live near brimming supermarkets at least have the choice of buying the healthier foods offered (even if not enough of them currently do so). But there are many people, such as residents of some poor neighborhoods and certain rural areas like the Mississippi Delta, who live in "food deserts"—low-income areas with little or no access to supermarkets.

Nationwide, the USDA estimates that about 23.5 million Americans live in food deserts, forcing those residents (who usually have very limited transportation options) to obtain most of their food from either convenience stores or fast-food restaurants. In food deserts, fruits and vegetables are typically either unavailable or in extremely short supply. Not surprisingly, people who live in these areas have poor diets and often suffer from dangerous health conditions, such as obesity and diabetes.

Food deserts arise through a variety of causes, but the main factors are economic. When choosing locations for new stores, supermarket chains prefer areas with relatively wealthier customer bases. Poorer neighborhoods and towns lack the economic incentives needed to recruit businesses to serve their residents.

What We Could Do

It is too attractive and easy to put unhealthy ingredients in our food, and cheap advertising trains our children to crave junk food from an early age. Too many poor Americans don't have access to healthy foods. This option suggests that we must change how foods are processed, marketed, and sold.

■ **Congress should eliminate federal subsidies for the crops used to produce unhealthy foods** and the tax deductions for advertising them. Basic economic principles suggest that such actions would increase the prices of those unhealthy foods, making them considerably less popular. Both these actions have the added advantage of letting the free market do what it's supposed to do.

■ **Government should tax unhealthy foods, just as we heavily tax cigarettes** because of the extra medical costs they impose on the nation as a whole. In Mexico, where one-third of the population is obese and 14 percent of its citizens have diabetes, the government recently imposed taxes on soda and similar beverages and on "calorie-dense" foods (defined by Mexican authorities as foods with more than 275 calories per 100 grams).

■ **Cities should take steps to eliminate or reduce the effects of food deserts.** Changes in zoning and tax laws, as well as incentive programs, could ease this problem. For example, in Baltimore, a state grant is helping stores in low-income neighborhoods buy the shelving and refrigeration units necessary to display fresh produce and offset the costs of spoilage.

■ **Cities should also institute programs to improve access to farmers markets.** A program in Brownsville, Texas, provides $10 vouchers to help low-income families purchase fresh vegetables. In addition to making it easier for people to buy healthy food, and helping local farmers sell their wares, the market also provides information on nutrition, diabetes, and obesity, as well as health screenings.

■ **Individuals and community groups could push for changes in places that sell food.** For example, people might petition their grocery stores for candy-free checkout aisles; PTA groups could end the practice of selling unhealthy foods during fundraising campaigns.

Trade-Offs and Downsides

■ **Schools receive income from food advertising;** in tough budget times, this might be hard to give up.

■ **Taxing unhealthy foods (and eliminating tax deductions for advertising them) would require a fair definition of unhealthy foods,** something many people, even experts, find it hard to agree on.

■ **Farmers and the businesses that depend on them will rightly say that they've built businesses in good faith, based on current subsidies;** reducing those supports will penalize businesses that haven't broken any laws.

Questions for deliberation . . .

1 What do you think is the most likely way to persuade big food companies to lower the level of unhealthy ingredients in the prepared foods and drinks they produce and promote? Government regulation? Citizen action? Something else?

2 To what extent do you think advertising influences your eating habits and those of your family members?

3 Producers and marketers do what they're paid to do. Are we just blaming others for our own bad choices?

Option 3:

Create a Culture of Healthy Living and Eating

OBESITY IS FAST BECOMING a worldwide problem but no country has been successful in turning the tide. This option holds that changing the way we eat is not enough; we will need to step back, look at the larger picture, and transform how we live our lives. We must change our culture to encourage not just healthier diets, but also healthier all-around lifestyles.

The challenge is this however: even if everyone in the United States decided to live healthier lives, there are multiple factors that make it difficult, even impossible, for some Americans to actually do so. For one thing, children today are learning less than ever about

good nutrition, and spending considerably less time in physical activity. For another, our society is simply shaped in a way that hinders rather than promotes a healthy lifestyle.

Lifelong Wellness

The traditional model in this country is to wait until someone is ill—or, in this case, obese—and then to offer that person a treatment plan. This option holds that it is more effective to teach people the skills and habits that will help them stay healthier and avoid later problems in the first place. The earlier this instruction starts, the better, but too many states don't get started early enough.

A 2011 review found that "most states lacked strong regulations related to [instruction in] healthy eating and physical activity in preschool settings," and this shortcoming continues in many states through high school graduation. And although the US Department of Education has said that any less than 50 hours per year of nutrition education is unlikely to result in real changes to children's eating behavior, most schools provide only a few hours of instruction in this area during any given school year.

Even when schools do try to provide such instruction, many do so in ways that might not have the desired effect. A wellness-education organization called Food Fight points out that "waving a broccoli in someone's face and saying 'you must eat this' does not result in successful or sustainable behavior or attitude changes."

Another reason that American children grow up less healthy than in the past is that fewer and fewer of them regularly attend gym classes or have daily recess periods. According to *Education World*, recess has been getting steadily shorter and less frequent: "Since the 1970s, children have lost about 12 hours per week in free time, including a 25 percent decrease in play and a 50 percent decrease in unstructured outdoor activities." The most common reason for these reductions is to increase instructional time, especially preparation for high-stakes tests that typically aren't concerned with measuring how well schools are teaching about healthy lifestyles.

Unhealthy Designs

School children aren't the only ones who aren't getting as much exercise as they used to. Many Americans have come to think of exercise as a specialized activity that occurs only at certain times and places, but there was a time when

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our daily lifestyles forced us to engage in a significant amount of physical activity, whether we intended to or not.

Writing in *Slate*, journalist Tom Vanderbilt reported on a study that used pedometers to monitor the activity levels of an Amish community—whose farming lifestyles remain nearly identical to the way many Americans once lived—and found that the average member of that community took 18,000 steps per day.

How do modern-day Americans stack up? Not only do we walk substantially less than we once did, we also walk much less than people in many other developed countries. Americans average just 5,117 steps per day, compared to 7,168 in Japan, 9,650 in Switzerland, and 9,695 in Australia. American children, on average, walk nearly 20 percent less than children in the UK—and that's despite the fact that UK residents, themselves, already walk 25 percent less than they did 25 years ago.

One reason we do not move as much anymore may be related to the designs of our buildings and our neighborhoods, which tend to discourage traveling on foot or bicycle. For example, in commercial districts, a highway lined with retail stores often has separate parking lots for each store or group of stores, with no connecting sidewalks, forcing shoppers to get back in their cars to drive the short distance to the next lot.

In many multistory buildings, design features like location, decorating, lighting, and climate control put elevators front and center, while implying that stairways are intended to be used only rarely, such as in emergencies.

Many residential neighborhoods are no better when it comes to encouraging pedestrians. A Kaiser Permanente study found that 4 out of 10 Americans live in neighborhoods that they consider "unwalkable," either because of a lack of pedestrian amenities (such as sidewalks/paths and effective traffic control at crosswalks), or because there are

A STEP BEHIND …

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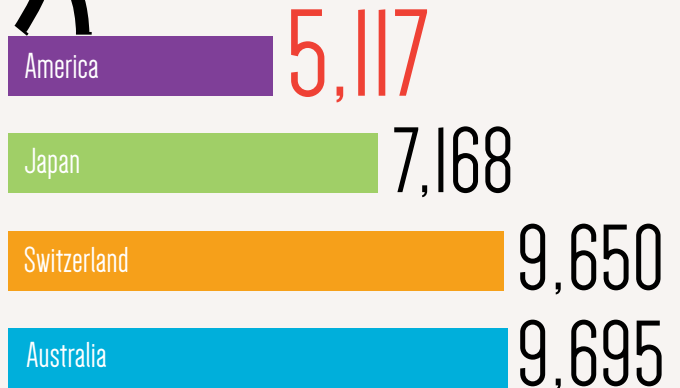
no destinations close enough to walk to other than neighbors' houses. The Smart Growth Network, a nonprofit group that advocates for more walkable neighborhoods, points to increasing regulations over the last half century that discourage mixed land uses.

Another obstacle to creating walkable communities is that private investors prefer single-use developments because they are less financially risky. The result is often that residential neighborhoods are separated from commercial, educational, or cultural areas. That means driving to stores, churches, or schools instead of walking.

Poor neighborhoods face additional obstacles, afflicted as they often are by broken sidewalks, neglected lighting, and street crime. "You can't send your children outside today [because] they might be liable not to come back home," said a participant in an obesity focus group in Memphis, offering one reason why American children are getting so little exercise these days.

What We Could Do

According to this option, obesity is only part of a general decline in physical fitness and healthy living practices that have overtaken this nation the last few decades. If we are to deal effectively with the health problems caused by obesity, we will have to consider the broader question of how to improve the lifestyles of many Americans.

■ **Nutrition and related wellness education needs to start with the very youngest students and remain a significant part of the school day** through graduation. For example, more states could require programs like Farm to Preschool, which provides resources to weave experiential nutrition and fitness instruction into all areas of early childhood curricula.

As students get older and are able to understand and participate more, schools can take this sort of instruction even further. A school district in Davis, California, has a comprehensive model program in which "every part of the school environment from gardens to the cafeteria to the classroom [is] part of a consistent and repetitive message to students" about healthy eating habits, according to *California Agriculture.*

■ **We must also change the shape of the places where we live, work, and study.** This option supports creating the kinds of neighborhoods where getting from one place to another can be accomplished easily on foot or on a bicycle. Local and regional officials should include trails, sidewalks, bike lanes, and car-free zones in their planning.

■ **Lenders can design financing products that encourage developers to create more mixed-use, walkable communities,** and municipal authorities can redesign zoning codes where needed. Building codes should be amended to require that stairwells be accessible and appealing to use.

■ **School boards should require more physical activity for younger children in schools and require gym classes for all high school students.**

■ **As individuals, we need to make a conscious effort to get more exercise.** We need to look for opportunities to walk, rather than drive or use elevators, and we need to make sure we do not spend long, uninterrupted periods of time sitting still at work or at home.

An American Heart Association Teaching Garden in Harlem, New York, encourages healthy diets in young children and helps combat childhood obesity.

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Trade-Offs and Downsides

■ **Making changes to zoning, planning, building, and tax laws to promote the availability of healthy food options and walkable communities would take considerable time** as we wait for new developments and interested businesses to come along. This will not help the many people dealing with obesity today.

■ **If we succeeded in making many more communities less automobile friendly, it would create hardships** for people who can't get around without cars.

■ **Many people believe that American students are not as well prepared for the work world** as they should be. How will *decreasing* the time spent on academics, and *increasing* the time spent at recess, help solve that problem?

Questions for deliberation . . .

1 What do you think the role of public schools should be in teaching and promoting healthy living habits? Should more attention be given to instruction in good nutrition and physical education and longer recess periods? Would that mean sacrifices in academic instruction time?

2 Would we be sidestepping the real and immediate problems of obesity by shifting focus to more generalized, long-term goals, such as better city planning?

3 Are there physical or social factors in your community that work against citizens developing and maintaining healthy lifestyles? What could you do about them?

Summary

OBESITY IN THIS NATION has risen to the level of an epidemic, and it shows no signs of improving on its own. About one in three Americans is obese, and many of those who aren't yet obese carry more weight than is healthy. One in five American children is obese by the age of twelve. Although the most immediate effects of obesity are felt by the individuals suffering from the condition, the high rate of obesity in America also causes problems for the nation as a whole.

For individuals, carrying too much weight can lead to a host of medical problems, including stroke, diabetes, heart disease, certain kinds of cancer, and joint degeneration. Their families suffer, too: obese parents can't be as physically active as their children who, in turn, are often raised with the unhealthy eating habits of their parents. Obese adults may also struggle to provide care for older relatives.

For the nation as a whole, the obesity epidemic is draining our resources, sapping our productivity, and even weakening our national security. Obesity is responsible for at least $190 billion in direct health-care costs and many lost days of work each year, and the costs of both are passed along to the rest of us. Current estimates suggest that about one in five young Americans is too heavy to be recruited into the military.

How do we reduce obesity in America? This issue guide suggests three possible options for deliberation. Each attacks the problem from a different angle. Each suggests actions for addressing the problem as well as noting the trade-offs associated with those actions.

Option 1:

Help People Lose Weight

WE CAN'T WAIT for people to make better choices on their own because this growing problem affects all of us. Without direct interventions, the problem is only going to get worse. We must provide active encouragement, and even take coercive measures, to effect the lifestyle changes necessary to deal with this threat.

But: People ought to be free to choose what they eat without suffering harassment; some people simply cannot lose weight.

EXAMPLES OF WHAT MIGHT BE DONE	TRADE-OFFS TO CONSIDER
Insurance companies could charge higher rates for obese customers, as some already do for customers who use tobacco.	People who are heavy but healthy, or who are genetically unable to reduce their weight, would be unfairly penalized.
Community health agencies or insurance companies could sponsor public service announcements (PSAs) that educate people about the health hazards associated with being obese.	Because so many PSAs are aired already, this could actually turn people off. The people who could benefit from these messages may be the most likely to ignore them.
Individuals could lobby their children's schools to remove vending machines full of unhealthy snacks.	This could leave some young children hungry and without energy. It might also drive more high school students to leave school during the day to buy the snacks they want.
Employers could offer incentives to workers to lose weight by providing in-house exercise equipment or subsidizing gym or health club fees.	This could be an expensive proposition and businesses might pass the costs on to consumers or cut down on other employee benefits.
What else?	What's the trade-off?

Option 2:

Improve the Way Our Food Is Produced and Marketed

OUR STORES ARE TOO FULL of processed foods that are as addictive as they are unhealthy, and the result is that too many of us consume too many calories and too little nutrition. We must find ways to improve food production, marketing, and sales.

But: Companies should have the right to sell what they believe the market will bear; people should be free to purchase what they want.

EXAMPLES OF WHAT MIGHT BE DONE	TRADE-OFFS TO CONSIDER
Local governments can help inner-city stores purchase the equipment necessary to carry fresh fruits and vegetables.	Store owners in other neighborhoods might consider it unfair to help some businesses and not others.
Taxes could be significantly raised on foods that include added sugars.	The tax would disproportionately affect poor people.
Farm subsidies on unhealthy ingredients could be eliminated.	This could hurt businesses—and their employees—that have been operating in good faith and have broken no laws.
PTAs could agree to stop selling junk food for fundraising drives.	These organizations might struggle to find items that are as popular. Poorer sales mean less money for school trips, playground equipment, and classroom supplies.
What else?	What's the trade-off?

Option 3:

Create a Culture of Healthy Living and Eating

OUR SOCIETY IS DESIGNED in ways that make obesity—if not inevitable—highly likely. We aren't doing a good job of teaching our children how to make healthy food and lifestyle choices, and we have made it as difficult as possible for many people to incorporate physical activity into their daily lives. Although no one planned this outcome, we need to start making plans to undo it—to reshape the places where we live, shop, and work.

But: Such dramatic changes could take decades and would require significant changes in our way of life.

EXAMPLES OF WHAT MIGHT BE DONE	TRADE-OFFS TO CONSIDER
Zoning rules could require that new residential developments include sidewalks, bike paths, and open space.	These amenities will raise the price of housing in those developments.
Banks and lenders could devise financing products that would support the development of walkable communities, with mixtures of residential and commercial uses.	Banks would be much more likely to finance such projects in high-end communities than in low-income areas where the need might be greater but the risk of losing money would be considerably higher.
People could make exercise part of their regular routine, even if it is only taking a daily walk around the block.	This strategy could be risky for people who live in dangerous neighborhoods.
Require more physical activity during the school day.	Decreasing the time spent on academics won't help American students close the gaps in achievement between themselves and students in other countries.
What else?	What's the trade-off?

The National Issues Forums

The National Issues Forums (NIF) is a network of organizations that bring together citizens around the nation to talk about pressing social and political issues of the day. Thousands of community organizations, including schools, libraries, churches, civic groups, and others, have sponsored forums designed to give people a public voice in the affairs of their communities and their nation.

Forum participants engage in deliberation, which is simply weighing options for action against things held commonly valuable. This calls upon them to listen respectfully to others, sort out their views in terms of what they most value, consider courses of action and their disadvantages, and seek to identify actionable areas of common ground.

Issue guides like this one are designed to frame and support these conversations. They present varying perspectives on the issue-at-hand, suggest actions to address identified problems, and note the trade-offs of taking those actions to remind participants that all solutions have costs as well as benefits.

In this way, forum participants move from holding individual opinions to making collective choices as members of a community—the kinds of choices from which public policy may be forged or public action may be taken, at community as well as national levels.

Feedback

If you participated in this forum, please fill out a questionnaire, which is included in this issue guide or can be accessed online at **www.nifi.org/questionnaires**. If you are filling out the enclosed questionnaire, please return the completed form to your moderator or to the National Issues Forums Institute, 100 Commons Road, Dayton, Ohio 45459.

If you moderated this forum, please fill out a Moderator Response sheet, which is online at **www.nifi.org/questionnaires**.

Your responses play a vital role in providing information that is used to communicate your views to others, including officeholders, the media, and other citizens.

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